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CIAD MILE FAILTE*

As President of the Registered Nurses' Association of Nova Scotia, I am pleased to convey greetings to my fellow nurses throughout the Dominion.

The nurses of Nova Scotia are eagerly looking forward to your visit. Many years have passed since the biennial meeting was last held in Halifax. A goodly number of changes have taken place in our province since then. We hope that many of you will be returning and will re-visit the areas that you found interesting and also have an opportunity to see our latest developments. We hope that those of you who are coming for the first time will visit many of the beauty spots of Nova Scotia, of which we are so justly proud.

We especially welcome the leaders of our profession who will be guiding our activities during the business sessions. We appreciate that some nurses must remain at home so that care of patients will not be impaired.

We are endeavoring to make your stay in Nova Scotia as enjoyable as possible and hope that many of you may find it possible to remain for a longer time to enjoy our "down East" hospitality.

From one and all, we send you "CIAD MILE FAILTE."

MARGARET M. MATHESON

(Mackenzie Studio)
MARGARET MATHESON

*The common Gaelic salutation — "One hundred thousand welcomes."

GREAT WAS THE COMPANY

TWO YEARS AGO, the golden anniversary meeting of the Canadian Nurses' Association was held in Ottawa where the CNA had been founded fifty years before. This month, Canadian nurses will meet in the historic city of Halifax for the first general meeting of the second half century of this great Association.

Our second half century! More than fifty thousand strong! Our growth in numbers and responsibility has coincided with the growth in size and complexity of our society and its methods of communication. Hence it has been recognized for some years that a program of public relations is a necessity in our organization. The work of our National Committee on Public Relations is undergirded by two very important factors. First there are the many contacts, national and international, of Miss Stiver and her associates at our National Office; and the voice of *The Canadian Nurse* with its phenomenal circulation jump from 6,000 to 60,000 in 15 years. Second, but equally important is the individual nurse herself, in her contact with the public at all times.

(Newton)

ETHEL GORDON

The Public Relations Committee, consisting of an appointed chairman, and small sub-committee, and the ten provincial public relations chairmen, brings fresh ideas from the membership with each biennium. During its term of office your present Public Relations Committee has been concerned with such matters as the following:

Publicizing the CNA Retirement Plan which came into effect in 1958;

various methods of reaching the general public concerning the place of nursing in our national life. (In this connection the Committee has contributed suggestions for a "Speakers' Manual on Nursing," a publication which is to be prepared in our National Office.);

student nurse recruitment. The committee has prepared and submitted to the CNA Executive the script for two recruitment pamphlets — one for elementary school children, and one for teenagers, parents and teachers;

the preparation of a draft CNA "Platform" (or Guide to Association Activities), for the consideration of the general meeting in Halifax. This "Platform" states the current aims and objectives of the Association in general terms, and would, if accepted, be subject to change at subsequent general meetings.

Although the concept of a public relations program is relatively new, the fundamentals of publicity and public relations are as old as the human race. The writer of the 68th Psalm must have understood sound publicity when he said, ". . . great was the company of those that published it." Modern nursing was born at a time of human crisis, and out of the conviction of a woman who had a passion and a plan and the love of God in her heart. Florence Nightingale, and those earlier women who brought nursing to our shores have endowed us with the symbols of sacrifice and service which are the true bench-marks of nursing.

Between Florence Nightingale and

the nurse of today there is as much difference as between daily life in the smaller world of 100 years ago and the close-knit swirling world of today. Public relations were important then as now; and the soundness of today's "public relations program" is as dependent on each one of us, as was our fledgling profession itself on the integrity and conviction of that one woman in the Crimea.

This year, 1960, finds the whole world in a state of confusion and crisis. Never were the qualities of our nursing heritage more needed. Yet it has become fashionable to consider "sacrifice" and "service" as outdated and stuffy. Surely this is indicative of our confusion!

The nurse plays a dual role in the community — as a representative of her profession and as a citizen in her own right. For her there has always been the need to choose whether her sense of values will be dictated by moral or materialistic motives. In Canada as in every other country today, whether we like it or not, nurses as citizens are involved in an ideological battle for the minds and hearts of mankind. The choice is more than a personal matter. As William Penn has said, "Men must choose to be governed by God or they condemn themselves to be ruled by tyrants." The effectiveness of our public relations — personal, national and international — will be the direct result of our choice.

ETHEL M. GORDON,
Chairman,
Public Relations Committee,
Canadian Nurses' Association.

The Effects of Sunlight on Skin

JOHN M. KNOX, M.D.

Surprising as it may seem, most of the effects of sunlight on the skin are harmful instead of beneficial! Try a sun-screen.

THE TERM "SUNLIGHT" includes visible light, ultraviolet and infrared light, with ultraviolet rays being shorter than visible wave lengths and infrared being longer. Most of the cutaneous reactions produced by sunlight are caused by ultraviolet, for it is these rays that produce the greatest biologic effect on skin. Public interest in the effects of sunlight has centered around sunburn, suntan, and the production of Vitamin D. Few people, including physicians and nurses, are aware of the role chronic exposure to sunlight plays in aging the skin and in the production of skin cancer. Of considerable interest to physicians, particularly dermatologists, is the fact that some people can become allergic to sunlight and develop eczematous or urticarial rashes on sunlight exposed areas of the skin. Also, there are several systemic diseases, the most significant of which is systemic lupus erythematosus, which are adversely affected by sunlight.

The present trend of our culture is in the direction of more time and money for recreational activity, and people are spending considerably more of this time in activities which, by their nature, include many hours of exposure to sunlight. These activities include swimming, sunbathing, golf, fishing, picnicking, hiking, boating and numerous other pastimes. Skin in exposed areas receives a large amount of ultraviolet irradiation from sunlight.

The amount of exposure a person receives depends upon a variety of variable factors which include occupation, geographical location, hobbies, recreational patterns, clothing habits, and the individual's attitude toward the sun. There are two factors which provide natural protection to the skin — the thickness of the *stratum corneum*

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and the amount of pigment in the skin. Following an exposure to sunshine the amount of skin reaction is also dependent upon a number of variables, the most significant of which are the duration and intensity of exposure and the degree of natural protection provided by the epidermis. There are more burn-producing wave lengths present in sunlight at midday than early or late in the day; in tropical than northern countries; and at high altitudes in contrast to sea level. Snow, sand and water increase the intensity of an exposure as a result of reflection; whereas, smoke, clouds, shade and clothing provide protection.

Susceptibility to sunburn can be significantly decreased by a tan. The production of a suntan involves three separate and different processes:

1. A few hours after exposure to sunshine there is oxidation of many melanin pigment granules, and oxidized melanin is darker than reduced melanin.
2. Within a few days following irradiation there is a dispersion of melanin granules which causes the skin to appear darker.
3. There is production of new melanin which is a delayed effect that does not reach its maximum for 19 days following irradiation.

The terms "farmer's skin" and "sailor's skin" have long been used to describe the dry, coarse and leathery skin that often develops in outdoor workers. Such skin is prone to develop premalignant and malignant skin tumors. These changes occur in light exposed areas and are the result of many years of chronic exposure to sunlight. It is a fact that fair-skinned individuals who have been exposed to large amounts of sunshine develop more skin cancers than any other group. Negroes are amazingly resistant to the development of skin cancers. Interesting statistics compiled by MacDonald show that skin cancer is more common in areas of intense sunlight and in light skinned races.

Of considerable importance to women is that sunlight accelerates the visible signs of aging of the skin. If one examines an elderly person's skin there is a striking difference between areas that have been chronically exposed to sunlight and those that have been always protected by clothing. A woman will often manifest conspicuous signs of aging of the face and hands, yet the skin of the chest and abdomen may appear normal and manifest no sign of aging. Elderly Negroes often present a deceptively youthful appearance, and this can be explained on the basis of the fact that their pigment protects them from sunlight accelerated aging. The same mechanism explains why blondes frequently show their age more than brunettes.

The current suntan fad should be condemned. A fair-skinned person who wants to tan should not subject his or her skin to the amount of sunlight necessary to produce tanning, and most people who develop a tan easily are already medium to dark-skinned and do not need a suntan for cosmetic reasons. It is somewhat of a paradox that the young people who are vain enough to want a tan will "pay the price" years later, at a time when they actually need to "look their best."

The above-mentioned facts do not in any way mean that outdoor activities should be decreased or discontinued, even for blondes. The point is that the ill effects of sunshine should be recognized and understood so that harmful exposures can be avoided. Protection can be provided through the proper utilization of clothing and sun-screens.

Rothman has shown that a 15 per cent para-aminobenzoic acid cream can increase the amount of ultraviolet irradiation necessary to produce a slight burn by 50 to 100 times. A sizable number of compounds can be used as sun-screens. Those most frequently employed are para-aminobenzoates, anthranilates, cinnamates, pyrrones, benzimidazoles, carbazoles, naphtholsulfonates, and quinine disulfate. Sun-screens have been commercially available since 1928. The first sun-screen was a combination of benzyl salicylate and benzyl cinnamate. New and different sun-screens are continually being introduced. Experiments in our laboratories have found that a new group of sun-screening agents, the benzophenones, are outstanding. They have an exceptionally wide absorption spectra that includes pigment-producing wave lengths and many of the more common wave lengths that cause photosensitivity. The benzophenones are not as yet commercially available. For-

tunately, window glass prevents sunburn by filtering the erythema-producing wave lengths.

In addition to chemical sun-screens, there are certain agents that act as physical sun-screens. Physical sun-screens are occasionally termed "sun-shades" since they are opaque chemicals that scatter light rather than absorb it. Examples are titanium dioxide, talc, kaolin, zinc oxide, and bentonite. These agents are occasionally used in combination with chemical sun-screens. It might be worthwhile to state that a cream vehicle alone will provide some protection, and petrolatum, especially red petrolatum, can provide considerable protection. Most pharmacies can prepare an excellent sun-screen by incorporating 10 to 15 per cent para-amino-benzoic acid in an appropriate lotion or cream.

Before concluding this presentation, it might be worthwhile to mention a few of the diseases in which sunlight is a factor. Sunlight often precipitates or aggravates lupus erythematosus. Xeroderma pigmentosum is a congenital disease in which children develop so many premalignant and malignant lesions in light exposed areas that they seldom live to adulthood. The skin lesions of pellagra and porphyria occur in light exposed areas. A number of the commonly used drugs can produce photosensitivity. Among the more noteworthy are sulfonamides, tranquilizers of the phenothiazine type (Thorazine, etc), the sulfonylurea oral antidiabetic agents, (Orinase, etc.), and the new antihypertensive diuretic agents (Diuril, etc.). The most common skin manifestations of photosensitivity are called polymorphic light sensitive eruptions. It is interesting that lupus erythematosus, the polymorphic light sensitive eruption, and some of the other photosensitivity eruptions will respond to the antimalarial drugs such as chloroquine (Aralen).

It is quite important that every patient who presents a photosensitivity eruption be thoroughly studied since serious systemic disease and a number of drugs can produce photosensitivity. A careful history, thorough physical examination and appropriate laboratory studies will usually reveal facts that will lead to the establishment of the correct diagnosis.

THE MANITOBA HOSPITAL SURVEY

In an effort to assess the province's probable needs in relation to hospital beds, hospital personnel and educational facilities during the next five years and to estimate the present adequacy of the same, the minister of Health and Public Welfare for Manitoba appointed a Survey Board to study the situation.

The board is under the direction of an expert in research and has a representative from the medical field and from hospital administration. Four other members, two of them skilled in research work, one representing the Manitoba Hospital Services Plan and one from the provincial Department of Health, are providing assistance in the work of the board. Finally there is an advisory committee that includes a representative from nursing.

The final report of the survey which is expected in September, 1960 will provide information concerning the following:

1. The adequacy of the overall supply and distribution of hospital bed accommodation in Manitoba to meet present and future needs under the hospital insurance plan.
2. The hospital bed requirements of rural areas, towns, cities and metropolitan Winnipeg; the relative needs for chronic, convalescent and active treatment hospital facilities, as a part of an integrated and balanced system of hospital facilities.
3. The relationship of long-term hospital facilities to alternative-care facilities.
4. The adequacy of the supply and distribution of hospital personnel.
5. The adequacy of educational facilities for training hospital personnel in sufficient numbers to staff present and future hospital facilities.
6. Any other aspects relating to hospital services that may be referred to the Survey Board by the Minister.

BED-PAN HANDS

JULIUS L. DANTO, M.D., WM. D. STEWART, M.D., F.R.C.P. (C.) *and* STUART MADDIN, M.D.

Can the nurse avoid damaging her hands by excessive washing yet maintain the "surgical cleanliness" that is her creed?

WHILE NURSES get dermatological training and formal lectures in the course of their education, these are directed towards the techniques of nursing dermatologic patients. Little or nothing is said about the personal care of the much overworked and mistreated nurse's skin. With the continued use of soap and water for cleaning and scrubbing, the use of green soap and antiseptics for "prepping" patients, cleaning instruments, handling anesthetics, penicillin, streptomycin and other allergy producing medications, it is only curious that the nurses' hands come through the ordeal as well as they do. Added to the above hazards, the ideal of personal cleanliness is so thoroughly instilled into the nurse while still a student, that she is likely to wash her hands with soap and water more frequently than the average person for the rest of her life.

The most common form of dermatitis in women is hand eczema or housewives' dermatitis, produced by excessive use of detergents and soap. It becomes apparent that a nurse will be very prone to this condition while she is active in nursing. After her career, she is even more susceptible than the average housewife when she is married and raising children, washing dishes and diapers, because of the treatment her hands have had while in nursing.

Do student nurses and the august graduates take into consideration the possibility of developing unmaidenly "housewife's hand eczema" on the hospital ward? Probably not very often. What are the chances of developing hand eczema? Fairly good. Why? Everyone's skin will eventually "break down" if exposed to irritants for a sufficient period of time. For example, if ten people repeatedly dipped their hands in turpentine, eventually all ten would develop eczema. Some may develop this after only a few weeks while others may require years of repeated exposure. Nurses do not dip their hands in turpentine but there are numerous other irritants with which they come in frequent contact — soaps, detergents, cleansers, cold sterilization fluids, etc. Repeated handling of such chemicals may cause the skin to become red, scaly, oozy, itchy, and tender. So this is an allergy! No, this is not an allergy. The difference lies in the fact that such substances are irritating in their action. By the repeated removal of the oil, the neutralization of the natural acid mantle of the skin, and the removal of the protective upper horny layer of the skin, a "primary irritant eczema" is created.

In an allergy these factors need not appear. Repeated handling of a substance such as streptomycin, which in itself is not irritating, may produce an eczema at the site of contact with this chemical. What happened? An immunologic change has taken place in the skin. The skin has changed in the manner in which it reacts to this specific chemical, streptomycin. The next time the skin comes in contact with streptomycin it reacts by producing an eczema — an allergic eczema. The entire skin surface becomes sensitive to streptomycin. Once the allergy has been established the application of streptomycin to the skin at a distant test site will produce an eczema at the test site.

Why is it that nurses who have handled soaps, detergents, etc., for many years do not have hand eczema? Two reasons may account for this: the individual may have a great inherent resistance and not be sufficiently exposed to irritants to develop eczema; or, over a variable period of time, they may have developed a resistance to the irritants — in industry this is referred to as "hardening."

Our authors are dermatologists in Vancouver, B.C.

Are some people liable to develop primary irritant eczema more readily than others? Yes — those who have a personal or family history of asthma, hay fever, or eczema are often more likely to develop eczema. Also, those who may have a dry scaly skin (ichthyosis) are more susceptible to this form of eczema.

Are any soaps or detergents *good* for the skin? No! They are all cleansing agents. Some are more efficient than others, some are more or less irritating than others. Other than cleansing the skin no soaps have inherent beautifying properties and their effect on defatting the skin is consistent with each one of them. Do hand lotions and hand creams help prevent hand eczema? Not very much. They are washed off too readily, act as poor barriers of resistance to irritants, and are of very little help in re-establishing the normal acid mantle of the skin. Do hand preparations containing silicone offer more protection? Silicone preparations have proved disappointing and provide little more protection than do ordinary creams and lotions.

What is the best way of protecting the hands? First and foremost, keep to a minimum the frequency and length of exposure to irritants such as soaps, detergents, etc. Secondly, adequately protect the hands with rubber gloves whenever possible.

Another complication of the nurses' duties is a reflection of the "wet work" she is involved in. With bed baths, cleaning of operating equipment and surgical instruments, the number of times her hands are in water prepares her skin for the chronic mixed infection that characterizes *paronychia.* This is a reddened, tender, puffy, swelling of the base of the nails. It often produces a roughened, ridged nail that may even be lost completely. More than one finger is usually involved, and the condition, once started, is chronic and recurrent. Pus may or may not ooze from beneath the puffy tissue at the base of the nail. If left, the infection can spread to other fingers. Monilia (candida) *albicans,* a fungus, is the basic cause of the infection, although there is usually a bacterial infection associated with the yeast. It is directly related to the amount of "wet work" done and is commonly seen in waitresses, dish washers, housewives and bar tenders.

All attempts at therapy with the latest and most powerful antibiotics, antifungal agents, cortisone derivatives, etc. will fail if they do not observe the basic factor: ***keeping the area dry.*** Avoidance of water and especially soap for a period until the condition subsides is the single most important aspect of successful therapy.

Occasionally, monilial (candida) infection of the fingers leads to monilial infection in other predisposed sites, carried there by contact with the fingers. These sites are the moist, warm, intertriginous areas between the inframammary folds, the axillae, vulvovaginal and gluteal sites, as well as the finger web between third and fourth fingers. These involved areas are inflamed, tender, edematous, moist, and occasionally itchy. With marked involvement they constitute a severe disability. In obese persons they are very hard to eradicate. In diabetics they produce a real hazard to the health of the patient.

Thus the traditionally gentle and skilled hands of the nurse must be protected, in this gleaming world of detergents and polishes, in order to be ready for the next "fevered Brow" or the next batch of diapers as the case may be.

You must do many things. You must become familiar with poverty. How otherwise could you understand human beings who act out of fear and desperation? And how could you know how the poor and the starving feel? You love all your fellowmen and you must know how to make a distinction between what they do and what they are, because what they do could be only accidental; the only thing that counts is what they are. You give all that you can to all that have need before they ask for it and without waiting to be thanked. What you give to others and what you do for others will always come back to you when you are most in need, and not always from the same people. There are some things that do not sell. Give all, because then if you have nothing, you cannot lose it.

— A Gypsy philosophy

Direct Artificial Respiration

MORRIS H. BROOK, M.D. *and* JOSEPH BROOK, M.D.

Victims of suffocation due to illness or accident, in or out of hospital can be aided by this method of "expired-air" resuscitation that circumvents the objections to direct mouth-to-mouth contact.

THE MODERN, proven, and preferred method of artificial respiration is Direct Artificial Respiration (D.A.R.). Though often referred to as "mouth-to-mouth" artificial respiration, D.A.R. may also be performed by mouth-to-nose, mouth-to-airway, and with mechanical devices for positive pressure pulmonary ventilation.

D.A.R. has been adopted as the method of choice by the National Academy of Sciences (U.S.), the National Research Council (U.S.), and is endorsed by the American Red Cross for group training. It has recently been recommended by the Holger-Nielsen committee of the Danish Red Cross.

Positive ventilation through an open airway can usually be accomplished easily by this method, whereas the various manual methods of artificial respiration, (which we shall call indirect artificial respiration), often fail to ventilate the victim due to some degree of obstruction at the back of the throat caused by the tongue.

Manual methods: *Schafer:* dorsal chest compression, *Sylvester:* anterior chest compression, and *Holger-Nielsen:* dorsal chest compression and arm-lift alternately, can often not be applied because of chest, spine, and arm injuries. The indirect methods, furthermore, cannot be applied "on-the-spot" in many instances because of cramped quarters, trapped victim, etc.

Direct artificial respiration can be used immediately in most situations — for example, with a drowning victim even before he can be brought to shore — and is the most efficacious method in all age groups and in victims of all sizes and weights.

D.A.R. can be performed for several hours if necessary to keep the victim alive, or until help arrives. Indirect artificial respiration applied to an elderly or obese victim by a light or young rescuer is virtually ineffective.

To overcome the oft-expressed antipathy to intimate contact with the victim required by the mouth-to-mouth and mouth-to-nose methods, and to minimize the possibility of cross infection, the Brook Airway has been devised to facilitate D.A.R. (Fig. 1).

In cooperation with Dr. A. B. Dob-

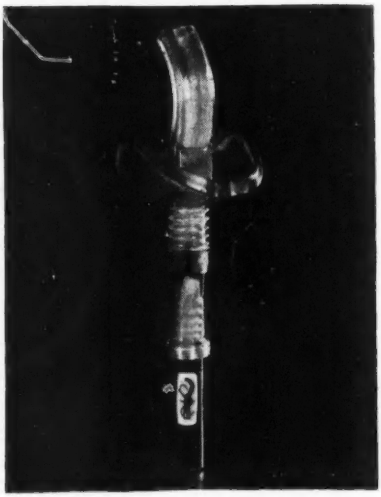

Fig. 1. THE BROOK AIRWAY
Patented 1959

The Airway
When placed in position over the tongue, it helps overcome obstructions, and directs the air to the lungs.
The soft pliable airway is designed to avoid irritation and gagging.
A bite-block (metal insert) prevents collapse of the airway.
The Mouthguard
Provides an efficient seal against the escape of air directed at the lungs.
The Flexible Neck
Is non-collapsible, allowing the airway to be manipulated to any required position.
The Airway Valve
Fits into the flexible neck extension and accommodates the blow tube.
Air is blown through the one-way valve into the lungs.
The exhaled air of the victim escapes through an exhaust port and does not reach the end of the blow tube used by the operator.
The Blow Tube
Fits into the airway valve and provides a mouthpiece for the rescuer.

The authors are members of the Departments of General Practice in the University, St. Paul's and City Hospitals in Saskatoon, Sask.

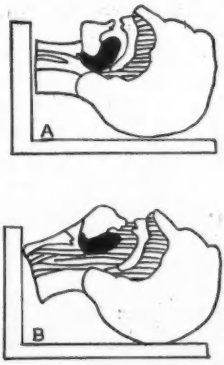

Fig. 2. AIR PASSAGE DEMONSTRATOR
(A) In the face-up position the lower jaw and tongue fall back, obstructing the air passage. (B) The air passage may be opened by either tilting the head backward or lifting the jaw forward.

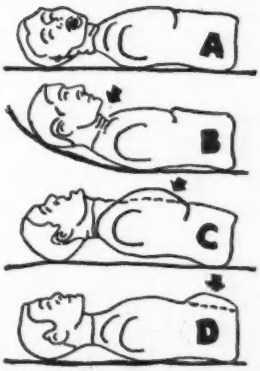

Fig. 3 BROOK MANIKIN
The Brook Manikin is designed to imitate a victim of asphyxia. It contains lifelike anatomical features which enable trainees to learn the fundamental steps of direct artificial respiration by the mouth-to-mouth, mouth-to-nose and mouth-to-airway methods.
The head may be turned to either side for clearing the mouth (A). It moves from the flexed (B) to the fully extended (C) position. The nose contains a nasal passage, which may be closed by pinching the nostrils. The mouth contains a tongue for teaching the insertion of an airway. The air passage is open in the fully extended position and closed in the flexed position. In the neutral position, air may enter both the chest and the stomach. The chest deflates itself; the stomach requires gentle pressure for deflation (D). The manikin may be cleaned inside and out between demonstrations, owing to its special construction.

kin, associate professor of Anesthesia, College of Medicine, University of Saskatchewan, a complete training program has been designed, utilizing the Brook Airway, an air-passage demonstrator which reveals how the tongue may obstruct the air-way and how this may be overcome by tilting the head fully back, (see Fig. 2), a training manikin which simulates a human victim (see Fig. 3), and a training film*, depicting various accident situations and showing how a class may be trained in D.A.R.

Cessation of respiration may result from suffocation due to an accident or an illness. Swimming and boating accidents, highway and street accidents, home accidents, choking, poisoning and electric shocks are examples of accidents causing suffocation. Illness at home, at work, at play and in the hospital may also result in suffocation. Loss of consciousness often results in obstruction of the airway by the tongue falling backwards. This may occur in strokes, heart attacks, epilepsy, eclampsia, allergic phenomena, or even in simple fainting spells. Permanent brain damage or death may result within a very few minutes from lack of air or oxygen.

Many deaths in hospitals occur suddenly, often unexpectedly, and are discovered by nurses on routine ward rounds. Confronted by this finding, the

Fig. 4. D.A.R. — USING THE BROOK AIRWAY
(A) Place victim on back, clear mouth and throat of foreign matter
(B) Insert airway over tongue
(C) Tilt head fully back and support chin
(D) Hold airway in position — pinch nostrils as illustrated
(E) Take deep breath and blow into airway. Repeat every three to four seconds.

*"That They May Live" — 27-minute color and sound, produced by the College of Medicine, University of Saskatchewan and distributed by Pyramid Film Producers Limited, 7166 Melrose Ave., Hollywood 46, California, U.S.A.

nurse may save a life by immediately tilting the head right back, pinching the nostrils, and performing D.A.R. without delay. Do not waste precious moments by leaving the patient to summon help. A signal for assistance should be sent but start D.A.R. at once, and continue until the patient breathes for himself or expert help arrives.

Summary

A nurse is often required to administer emergency resuscitation in the course of her duties in hospital.

The technique of Direct Artificial Respiration for use in emergency on-the-spot resuscitation is described, using the Brook Airway, an instrument designed to overcome the need for direct oral contact in applying D.A.R. The instrument also provides the user with protection against communicable disease.

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Canadian Tuberculosis Association

The 60th annual meeting of the Canadian Tuberculosis Association is being held in Ottawa, June 27-30 at the Chateau Laurier Hotel. The program for the nurses' section will place special emphasis on the role of the public health nurse in the prevention and control of tuberculosis.

Dr. S. A. Holling, director of the Division of Tuberculosis Prevention, Ontario Department of Health will speak on "Newer Trends in Tuberculosis for Public Health Nurses." Dr. W. H. Henderson, director of Community Mental Health Clinics, Division of Mental Health, Ontario Department of Health, and Katherine Fardoe, staff nurse, East York-Leaside health unit will present "Post-sanatorium Care — The Resistive Patient." Dr. Audrey Keeping, Paddington and Kensington Chest Clinic, London, England will discuss case finding and conditions and problems in tubercular control in England.

The executive of the nursing section extends a welcome to all nurses. Those who are returning from the CNA convention are invited to stop over and join in the sessions.

* * *

A child's first visit to the dentist should be at the age of two-and-a-half years. By that time many youngsters have already developed dental caries.

Louisbourg National Historic Park which is slightly over 20 miles from Sydney, is over 328 acres in size. It contains two cairns and four tablets marking historic features plus a fine museum housing hundreds of relics found among the ruins of the old French fortification. Much work has been done in exposing the remains of the old fortress. Old cellars have been cleaned so that the original line of streets can be traced.

WILL BIRD in *Off-Trail in Nova Scotia*

* * *

The first lighthouse on the Cape Breton coast was at **Louisbourg.** It was built in 1731, the first concrete fireproof building in America. Coal was burned in an iron pan set in a tripod, seen six leagues away. An oil lantern was established in 1736, and was shot away during the siege of 1758.

WILL BIRD in *Off-Trail in Nova Scotia*

* * *

Port Morien, beyond Glace Bay about six miles, used to be called "Cow Bay" in the old days. It got this name when a man in Sydney purchased a cow at Louisbourg and took her home by boat. — *Off-Trail in Nova Scotia*

* * *

Doing easily what others find difficult is talent; doing what is impossible for talent is genius. — AMIEL

A College of Nurses for Ontario?

HELEN G. MCARTHUR, M.A.

The most important piece of business discussed at the recent RNAO convention dealt with the proposed "College of Nurses."

OVER 2,000 NURSES at the recent annual meeting of the Registered Nurses' Association of Ontario accepted a challenge to consider a new statutory body under the suggested name, "College of Nurses." This meeting gave new meaning to the question asked by Dr. Allan Gregg some years ago: "What keeps men together in happy and effective association?" His answer: "Three things keep men together: from the past, it is shared experiences; in the present, beliefs generally agreed upon; and for the future, hopes and desires held in common."[1]

The Past: Shared Experiences

A year ago the executive of the Registered Nurses' Association of Ontario was instructed by the membership to secure the legal right to approve the conduct of the schools of nursing in Ontario. This privilege had been long sought by the Association as the major statutory power still retained by the Department of Health since the Association became the registering body for nurses in 1951. When in September, 1959 this request was presented to the Minister of Health, he made an alternative proposal for their study and consideration. This proposal was the establishment of a new statutory body to be called a College. It was visualized that the functions of such a body might include all those requiring statutory powers on behalf of nursing, such as:

a) establishment of minimum standards and curriculum content
b) approval and inspection of schools
c) examinations
d) registration
e) discipline
f) licensing

It was also pointed out that the one area which had not been implemented by statute in some form or other was licensing which, to be effective, must include "all who nurse for hire" along with the power to implement the law and "police" the infractions of the law.

It was further pointed out that extension of the Association's authority would be questioned by many on the basis of vesting such broad statutory powers in a voluntary organization which did not represent all registered nurses and that the Minister of Health firmly believed that membership in a professional organization should be on a voluntary basis. It was also made clear that the advent of hospital insurance had created need for a general review of nursing legislation in which such bodies as the Ontario Hospital Services Commission and the Ontario Hospital Association would have particular interest.

In the next few months, there occurred a sudden flurry of activity within the Executive of the Registered Nurses' Association of Ontario, the Board of Directors and working parties established to do intensive study. This "new" idea was discussed both within the organization and by various interested groups to which the Minister presented the idea for discussion and opinion: the Ontario Hospital Services Commission, the Council of Nursing, advisory to the Minister, on which the Association has representation along with representatives from such bodies as the Ontario Medical Association, the Ontario Hospital Association, schools of nursing and general education. Last January, the Minister of Health called a conference on nursing at which interested professional groups were represented as well as citizens in general. The idea was again aired.

It became clear that, while all the groups considering the concept of a

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Miss McArthur, who is national director of nursing service with The Canadian Red Cross Society, was chairman of the Working Party of the RNAO charged with the development of principles and policies.

College of Nurses had a common purpose, namely ,"what is best for nursing in Ontario?" there appeared to be differences in interpretation of the idea and by some, incomplete understanding of the problems involved. At this point the Association initiated a conference to bring together the groups specifically concerned to think through the implications and to try to reach a point of understanding that would be in the best interests of the public as well as the profession. The nurses were not unmindful that decisions reached might well have implications for nurses and nursing beyond the borders of one province.

A special working party was requested to prepare material for this meeting. Many books and articles were read, day long sessions were spent seeking basic concepts and principles applicable to the problems. Administrative diagrams and procedures were discarded and freedom of thought was sought through a search for principles (Oxford dictionary: *source of action*) which could be applied to any or all professions. Long hours were spent in the Parliamentary Library seeking precedent in Ontario in relation to the legislative patterns in effect for such professions as physicians and surgeons, dentists, pharmacists, lawyers, chartered accountants and professional engineers. These were charted on one great sheet along with nursing legislation in Ontario, in an attempt to seek common patterns and/or principles. The result showed great variation but, in general, confirmed the belief that while the majority of professions had a separate statutory body for the control of minimum standards of education and practices, all such bodies were composed solely of the profession concerned except for the appropriate Cabinet Minister as the elected representative of the people. Particular study of the College of Physicians and Surgeons brought forth both similarities and differences. With this in mind, a set of principles and policies was presented to the groups concerned and agreed upon as a basis for common understanding.

The Board of Directors was then ready to present this "new" concept to the membership of the Registered Nurses' Association of Ontario. The Association could take pride in past accomplishments as a voluntary organization which had willingly carried statutory responsibilities. This had been emphasized again and again by others who were not nurses. The Association had done much soul-searching, information seeking, conferring with interested groups in and outside the government and downright hard mental and emotional work in trying to find the right road to pursue. At the annual meeting, two voices from the past pointed out that the idea wasn't as new as seemed to be suggested. Miss Mary B. Millman, chairman of the Committee on Legislation for the RNAO in 1951, stated that at that time such an idea had been proposed by the nurses but not accepted by the Minister of that day. Miss Florence H. M. Emory, first president of the RNAO, suggested that this opportunity to take a new stride forward had come because the nursing profession in Ontario was now leaving childhood and adolescence behind and was launching out into a period of professional maturity.

The Present: Beliefs Generally Agreed upon

The annual meeting of 1960 has instructed its Board of Directors to seek nursing legislation, based on the concept of a College* of Nurses. The basis would conform to the definitions of a profession long accepted by society, such as that of Dr. Abraham Flexner[2] enunciated in 1915 or that of Mary Parker Follett[3] who spent many years of her life interpreting the meaning of "profession" and who phrased is so succinctly:

> The word "profession" connotes for most people a foundation of science and a motive of service. That is, a profession is said to rest on the basis of a proved body of knowledge and such knowledge is supposed to be used in the service of others rather than one's own purpose.

With this in mind, two fundamental principles eventually emerged and have been accepted by the members of the RNAO:

*College: defined by the Oxford dictionary as: *an organized society of persons performing certain common functions and possessing special rights and privileges.*

1. A profession has the right to determine its standards of education and practices.

2. The control of minimum standards is through a governing body composed of:

a) representatives elected by every member of the profession residing in Ontario; these to comprise the voting majority.

b) representatives from the organized profession.

c) the appropriate Cabinet Minister.

Several policies have been agreed upon to assure the relationship of the RNAO to its national and international counterparts; to indicate the necessity of liaison with other groups for advisory purposes as well as the necessity to determine the steps which are involved. It is clearly understood that the RNAO will remain a strong professional organization, with virtually the same objectives as at the present time. It is envisaged that there will be an even greater need for its policies in education and practice to be in advance of the possibility of implementation. The provision of official channels for this purpose in the principle of direct representation on the statutory body from the organized profession is not found in the majority of other professions but it has been suggested that in this, the nursing profession has an opportunity to give leadership. Representation from the schools of nursing, both university and hospital, is accepted as essential although the exact formula has not been stated at this point. Nor has the means been clearly formulated whereby the problems inherent in the great numbers of non-professional workers in nursing (estimated at about 30,000 in Ontario) may channel their needs to this statutory body representing over 33,000 registered nurses.

The Future: Hopes and Desires Held in Common

In summarizing the annual meeting to the membership, Miss Alma Reid, a past president of the Association referred to the new development as:

> a new day and a new generation in organized professional nursing. We see this new structure as meeting the needs of the time.

So far, we have made only a beginning. Hundreds of questions have been asked and still are being asked concerning: representation, nomination procedures, financial structure, priorities for implementation, the definition of categories of nurses, the type of secretariat, the physical facilities. The special Working Party, the Board of Directors, individuals and groups have gone through mental gymnastics establishing hypothetical examples of a College of Nurses, with representation by registered nurse population on a district basis geographically related to the RNAO electoral procedure and selected representation from the Association. The Minister of Health becomes the appropriate Cabinet Minister and related bodies have indicated that this is sufficient, having accepted the fact that the aims and the objectives of the nursing profession, the government, and the Ontario Hospital Commission, for example, are one and the same thing: the highest possible standard of nursing service for the people of Ontario.

There will be much hard work ahead in devising the best possible legislation in respect to nursing education and practices. The membership gave authority to the Board of Directors of the Association to continue its work. The officers in turn assured the membership that they would be kept informed of developments as they occur. The past then joined with the future as the four-hour discussion of a College of Nurses for Ontario came to a close at the largest meeting of the Registered Nurses' Association of Ontario on record:

> This development is an instrument through which we might achieve the professional ideals for which we have worked many years.
>
> FLORENCE H. M. EMORY,
> *President, RNAO, 1925*

> To summarize, membership in the organized profession provides opportunities to grow professionally, to become informed, to learn how to become better informed, to participate in nursing affairs and to help chart the path for nursing in the future. For me, much is yet to be learned, but the way is open.
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> MARGARET MORGAN,
> *President, RNAO, 1960*

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FROM CITADEL HILL

PETER O'BRIEN

Every bit of free time you have while in Halifax can be filled; there are so many interesting and beautiful places to visit.

Jutting like a spearhead into the Atlantic Ocean, the peninsula of Halifax rises irregularly from all sides to the pinnacle of Citadel Hill, centre of the city. This is the site of old Fort George and provides the best view in the city. Just below is the famous old Town Clock built in 1802 at the order of Queen Victoria's father, the Duke of Kent, who, it is said, wanted it to remind the townspeople of the virtue of being on time for appointments.

Looking out from Citadel Hill, we have the city at our feet. We see one of the world's finest natural harbors which is never closed by ice. We see a city that has played a key role in the development of Canada for two centuries.

(Information Bureau, N.S.)
Victoria General Hospital, Halifax

Directly below us on the harbor side is the commercial section of the city with modern buildings reaching skyward. In their shade stand wharves and warehouses bearing centuries-old names.

To the south lies McNab's Island protecting the vast harbor and its installations from Atlantic gales. This is an ideal place for picnics. The waters surrounding the island make enjoyable salt-water sport fishing.

Turning around we see the picturesque North-West Arm, an inlet from the sea, where billowing sails flow between wooded hills, restful bathing spots and aquatic club houses. In this natural beauty site, many Halifonians relax and play. A person may have the impression that he is miles away from busy city life instead of just a few minute's drive.

To the north of the city lies an inner harbor known as Bedford Basin. It was in the Basin that hundreds of ships of the Allied cause nestled safely during the two world wars while awaiting convoys overseas or along the Atlantic Coast.

At the "Narrows" where the harbor joins the Basin, 1,600 persons lost their lives in the northeastern section of the city in 1917 when a French munitions ship and a Belgian relief ship collided and caught fire. The French ship's anchor was blown three miles westward over the city and the Northwest Arm. It can still be seen in its resting place.

South of the Narrows on the Halifax side, the Naval Dockyard is located. This dockyard celebrated its 200th anniversary last summer, and the modern warships that berth there are a far cry from the vessels that docked there when the yard was young.

Mr. O'Brien is with the Nova Scotia Information Service, Halifax.

It is easy to enjoy the city of Halifax with its cordial Nova Scotian hospitality, its history and its beauty. Here we have an Old World atmosphere in one of the most historic cities in America. This is testified to by the restored fortress which crowns Citadel Hill and the reminders of long-established naval and military traditions.

Halifax is many things to many people. To the war veteran it is the spot of land that was his last glimpse of Canada as he set off to wars. To the historian it is the birthplace of representative government in Canada; to the businessmen one of the finest ports on the continent; to the visitor it provides a delightful vacation city.

More than 200 years ago Halifax was conceived as the main military and naval base in British North America. It was founded in 1749 by 3,000 civilians under Colonel Edward Cornwallis. First plans were for a sizable town of 50 streets but, for a variety of reasons, this did not come about in a hurry. During the first winter, disease wiped out a substantial portion of the population. Soon afterward, energetic and hardy New Englanders started to move into Halifax.

One of the earliest buildings to be completed was St. Paul's Anglican Church, opened for worship in 1750. It is the oldest Protestant church in Canada. Members of the Canadian Nurses' Association will worship there on June 19. This historic structure possesses the finest collection of funeral hatchments in North America and valuable old silver, as well as memorial tablets and vaults of the noted men of early days in Halifax. Its first organ, since replaced, was taken from a Spanish ship brought into Halifax as a prize of war.

Province House, located on Hollis Street, is one of Nova Scotia's most interesting buildings. This is where the Legislative Assembly and Legislative Council meet. The most beautiful room in the building is the Legislative Library with its lovely Palladian window. At one time the library was a court room and it was here that Joseph Howe made his famous speech defending himself against a charge of libel. Nor should the visitor miss seeing the throne room with its collection of royal portraits and the original table around which Cornwallis and his first council met when the city was founded.

Dalhousie University

Halifax is home to Dalhousie University which opened its doors in 1818. It is said to have been the first university in the world founded without clerical patronage. Its endowment came from customs duties collected in Castine, Maine while that part of the Maine coast was occupied and governed by the British. "Dal" has started many a Canadian on his or her way to prominence in the various professions. Along with Government House, and Province House, the university buildings are built of native stone in early Georgian style. This is in contrast to the materials used in construction of many other buildings and homes in the city. Although built on rock, it has often been easier and less expensive to use wood.

Across the harbor from Halifax is the town of Dartmouth. One can reach it by the Angus L. Macdonald bridge, the second-longest suspension bridge in the British Commonwealth. Completed in 1955, it is only seven feet short of a mile in length. As you drive over, you can look up and down the harbor at the ocean liners, the freighters, the stubby tugs and the naval vessels all snugged into their berths. Once on the other side, you can park near a very modern and recently completed shopping centre and look back at the old city, rich in tradition and history, firmly settled on its rocky base. This is Halifax!

STOP PRESS

CONVENTION GOERS

A CHANGE OF LOCALE HAS BEEN NECESSITATED BY LABOR UNREST AT THE NOVA SCOTIAN HOTEL IN HALIFAX. ARRANGEMENTS HAVE BEEN MADE TO HOLD THE BIENNIAL MEETING SESSIONS IN THE COMFORTABLE AUDITORIUM OF THE **QUEEN ELIZABETH HIGH SCHOOL.** THE GYMNASIUM THERE WILL HOUSE THE BOOTHS OF THE EXHIBITORS.

THE CITY OF HALIFAX IS MAKING ARRANGEMENTS FOR BUSES TO TRANSPORT CONVENTION REGISTRANTS FROM THEIR HOTELS TO THE HIGH SCHOOL.

WE'LL BE SEEING YOU!

In the Good Old Days

(The Canadian Nurse — JUNE, 1920*)*

Legislation for Nursing — There is great rejoicing among the nurses at the passing of the Registration Bill for the Province of Quebec.

The Dutch nurses are hopeful that a Nurses' Registration Act will soon become law in Holland.

There is a strong belief in a uniform international standard of nursing; and by consultation, through national organizations of nurses, as Acts of Parliament are passed in various countries, through the governing bodies set up, it will be possible to define a curriculum of nursing education common to all countries where trained nursing is organized.

* * *

Vivisection — A bill has been introduced into the House of Commons prohibiting the vivisection of dogs. It is strongly opposed by a group of doctors on the ground that the restriction of experiments on dogs would fatally interfere with research now being prosecuted into the cause and cure of certain forms of disease of the heart. There is no suffering of any kind to the animals, the explorations being performed under deep surgical anesthesia from which the dogs do not recover.

Education and Health — It is becoming increasingly recognized that health is necessary to sound intellectual development, and that the rigid regulation of the hygiene of students is indispensable. There is a serious economic and academic loss year after year in schools, colleges and universities, due to lassitude, indisposition, illness and epidemics among the students, all more or less preventable.

* * *

Medical co-education opposed — A petition has been presented to the Dean of the Medical School of the University of Pennsylvania, by the students and professors, demanding the exclusion of women from the classroom. It states that valuable parts of the course have to be omitted less they offend the sensibilities of the women students; and if women desire to study medicine, they should go to Women's Medical College.

A highbrow is a person educated beyond his intelligence. — B. MATTHEWS

* * *

Distance lends enchantment to the view. — T. CAMPBELL

WHITHER WE ARE TENDING

EVELYN MALLORY, M.A.

If we could just know where we are, and whither we are tending, we could better judge what to do and how to do it. — Abraham Lincoln

IT IS NOW 40 YEARS since nursing was first admitted to Canadian universities, and barely 100 years since Miss Nightingale's school for the training of nurses was established at St. Thomas's Hospital in London. It is an appropriate time to pause and reflect on "whither we are tending."

Looking back, one is impressed by the extent to which need and expediency have influenced the development of nursing education in this country. In the early days when services of all kind were lacking, and there were no ready sources from which trained nurses could be drawn, the expedient, and perhaps the only means of meeting the need for nurses, was for each hospital to recruit and train its own nursing staff. Thus, through what Dr. Esther Lucile Brown has so aptly termed "an unfortunate historical accident$_1$," the apprenticeship system, with the hospitals responsible for the training of nurses, was established and became firmly entrenched.

Later, the expansion of public health services revealed that hospital training did not adequately prepare the nurse to function in the public field. The university was asked to provide a supplementary course. At that time perhaps this, too, was the only possible solution to the problem. A regrettable result has been the acceptance by nurses, doctors, and the public of the idea that "public health nursing" is something different and apart from nursing in general, an idea that many of us are now striving to change. In any event, beginning in the 1920's, the university responded to the request for one-year courses for graduate nurses as a means of meeting two urgent needs: one for public health nurses, and one for teachers for the rapidly expanding number of training schools. However, graduate nurse students were seemingly considered to be in a different category. The usual standards of admission to the university were not required of them — that came later. For some years the nursing courses remained on the fringes of the university.

Also inaugurated in the 1920's was the "cooperative" program enabling basic nursing students to qualify for a baccalaureate degree. By this arrangement, so familiar to all of us, the student attended the university for two years of study in arts and science, then completed the regular training course provided by the associated hospital. Finally, she returned to the university for another year where she had a choice of the one-year courses planned primarily for the graduates of hospital schools. On completion of these three more or less separate sections of the total program, she received from the university a baccalaureate degree. One

EVELYN MALLORY

Miss Mallory is professor and director of the school of nursing, University of British Columbia, Vancouver. This paper was presented at the Conference of Learned Societies, University of Saskatchewan, June 1959.

wonders whether such an odd arrangement could have been evolved for any other occupational group. Perhaps basic nursing was then considered inappropriate for inclusion in the university. Perhaps it was assumed by all concerned that the hospital school provided an acceptable level of instruction. It may be that the university wisely anticipated, and was not prepared to cope with the practical difficulties entailed in acceptance of responsibility for basic level instruction in nursing. Whatever the rationale, this plan of divided responsibility took root and flourished. It persists to this day, and is very difficult to change despite our long awareness that it is not good educational practice. In 1933, the University of Toronto undertook the teaching of basic nursing but not until 1942 was a degree course offered. The degree conferred was one in *nursing,* whereas previously degrees conferred on nursing students by other universities had not been nursing degrees[2].

The history of the development of nursing education in this country is familiar to all of us. However, brief reference to it seems relevant at a time when we are faced with another need, that for master's level programs. In our desire to meet the need, there is the possibility of too quickly adopting the expedient solution. In earlier years nurses were far from sure of what was needed, wanted, or could be expected from the university. The university, though often willing to be helpful had little understanding of the conditions and needs of nursing education, and considerable doubt as to the wisdom of admitting it to the university. But we have now had 40 years in which to grow and gain in understanding. Developments within our universities indicate their acceptance of responsibility to provide education for the professions. It seems essential, therefore, that we who work in university schools should be clear and in reasonable agreement as to what our university schools should aim to do. It is we who are largely responsible for interpreting to the university the needs of nursing education. As nurses who are in a strategic position to serve as liaison between the university and the organized profession, we have equal responsibility to interpret to the profession what the university can be expected to contribute to nursing education. This latter is important, for the nursing profession is now numerically large, strongly organized, and influential.

However, university schools must be considered and developed in the light of the overall structure of nursing education. While I am fully aware of the autonomy of the provinces in the field of education, of the fact that within each province programs are designed to meet the needs of the people served, and that variety is therefore to be expected, it is my opinion that nursing education is now exhibiting too much variety and that serious consideration should be given to the possibility of reaching some agreement on what our various schools should contribute to nursing education. This need is evident in the plethora of programs for the preparation of nursing personnel. There are:

> the traditional three-year hospital schools; the new two-year "independent" schools (though the independence in some of these is questionable); mental hospital schools giving courses that are two, three, or four years in length; schools for practical nurses; university schools offering basic and/or postbasic courses leading to a baccelaureate degree, and one-year courses for graduate nurses; postbasic clinical courses offered by hospitals; and possibly others.

Taken together these present an uncoordinated structure and make obvious the need for overall planning.

In an article published in 1944 Nettie Fidler, now director of the University of Toronto school of nursing, presented the essentials of a comprehensive plan for nursing education[3]. She suggested that, in respect to education, we should frankly recognize the existence of three groups or categories of nursing personnel, identified as "the assistant group, the clinical group, and the teaching group." She indicated the kind of preparation that should be provided for each. If you have forgotten it, that article would well merit re-reading. Copies of it were widely distributed by the CNA but no official pronouncement made in respect to it. Subsequently the experimental school in Windsor was or-

ganized to demonstrate a more effective method of preparing the clinical nurse than by means of the traditional three-year course[4]. Perhaps because so much effort was devoted to the Demonstration School, the significance of the total plan presented by Miss Fidler received much less attention.

At the Biennial Meeting in 1956, the Committee on Nursing Education recommended that the CNA define the purposes of the various programs in nursing education. It was indicated that this was an essential first step for any effective work on the development of curricula[5]. Though, as an initial step, the nursing schools and the provincial associations prepared statements of their philosophy and aims, probably due to the pressure of other activities, this project has not yet been carried through to completion. It is, I think, a matter of some urgency.

In 1956, following a careful survey in New Brunswick, Dr. Kathleen Russell outlined a comprehensive plan for the development of nursing education in that province[6]. Thus we have been presented with another example of comprehensive planning, in this instance for a particular province. But the CNA, whose responsibility it is to give leadership on the national level, has yet to produce a clear-cut, comprehensive plan to guide the development of nursing education in Canada. In making this statement I am not unaware of the CNA Policies Regarding Nursing Education about which I shall comment later.

In "Education for Nursing Leadership" published in 1958, Eleanor Lambertsen pointed out (as do the CNA policies respecting nursing education) that nursing encompasses a wide range of activities and requires personnel with varying degrees of preparation and skill[7]. Though the terminology used by Miss Lambertsen is different, the overall plan for nursing education that she presented is essentially the same as that outlined by Miss Fidler in 1944. Both Miss Lambertsen and Miss Fidler state definitely that the third group, referred to by Miss Fidler as the "teaching group" and by Miss Lambertsen as the "professional nurse," should be prepared through a university course in basic nursing. In saying that my own thinking is in line with theirs I do not mean to imply that our present university courses are entirely adequate, nor do I suggest that it is impossible for a hospital school to provide the kind of preparation needed by the "teaching group." But it would be extremely difficult, costly, and unrealistic for hospital schools to attempt to do so.

Badly needed at this time is a clear differentiation in the purposes of the hospital school and the university's basic program. These two should not be attempting to reach essentially the same goal. They should not be competing with each other. It is important that this be clearly understood by all concerned. Unless the university offers a program that is distinctly different from that provided by the hospital school there is little justification for its existence.

The university school should provide a broad preparation for general practice on a professional level in any field of nursing. This means that on graduation the nurse would be prepared: to function as a beginning practitioner in public health; to work in mental hospitals as well as in general hospitals; to assume leadership of the nursing team. It implies that, following a reasonable period of staff experience, she would be competent as a head nurse; that she would be capable of the kind of teaching needed at a time when the educational functions of nursing are becoming increasingly important — the teaching of patients and their families, the teaching of nursing students (both the assistant group and the clinical group), the teaching that any public health nurse is called upon to do in the community. It means that she would have an understanding of the fundamentals of organization as these relate to hospitals and health agencies; of the fundamental principles of administration and supervision, and the ability to apply these on a level commensurate with her experience. You will recall that in 1952 Finer recommended the inclusion in the basic curriculum of the elements of administration[8]. Continuing changes in nursing practice make this need increasingly evident.

Nurses with qualifications such as I have indicated are badly needed in nursing service. In my opinion, they

can be prepared more satisfactorily and, in the long view, more economically through a basic course in a university school than through a hospital school followed by appropriate post-basic experience. Preparation of the kind suggested would provide a firm foundation on which to build graduate study, and would greatly facilitate the planning of graduate programs.

What has been said is meant to emphasize the need for clarification of the purposes of university schools, not just by those of us whose responsibility they are, but also by the nursing profession. Without the support of the organized profession what university schools can hope to accomplish is limited.

The CNA and the provincial Registered Nurses' Associations together constitute the organized nursing profession. While the provincial associations must perhaps limit their policies to what is consistent with provincial legislation and has reasonable hope of achievement within their respective provinces, the CNA is bound by no such limitation. It is logical to look to that organization for a comprehensive plan for the development of nursing education, one in which the place of the university (as viewed by the Association) is clearly indicated. As already stated, such a plan has not yet been produced, nor has the CNA ever indicated clearly what it believes to be the function of the university in respect to nursing education.

In "CNA Policies Regarding Nursing Education" we find the statement that "The education of all categories of nursing personnel is the responsibility of the professional group[9]." This is a modification of a statement that appeared in the first edition which was that "Standards of education and practice are definitely the responsibility of the professional group[10]." According to the revision it is not standards of preparation for practice but the education *per se* that is the responsibility of the professional group. This revised statement is both surprising and disturbing, especially since history reveals that in the course of their development other professions have assigned responsibility for education to the university.

Further examination of CNA policies fails to clarify the situation in respect to the university. For example the first major policy reads as follows:

> The preparation of the nurse should be an educational experience and the method by which this can best be achieved is through a school which plans and controls the complete experience of the student[9].

With this we could certainly have no quarrel, but it is followed by another sentence which says:

> The educational interests of the school should be promoted by some appropriate body the majority of whose members should be well qualified in the fields of general education and nursing education[9].

We might well ask: What possible interests could a school have except those of education? What is meant by "some appropriate body?" Does the CNA consider the university an "appropriate body" in respect to basic nursing education? Nowhere in the statement of policies is this made clear. In fact, by their placement, two later sentences might easily be interpreted to imply the reverse. The statement

> In hospital schools of nursing, admission requirements and the curriculum of the professional program should be such as to ensure eligibility for university study[9].

is followed immediately by

> Courses for graduate nurses should be developed and directed by universities[9].

I doubt that the CNA means to convey the idea that the university should not offer basic preparation, but certainly such an interpretation could be made by those persons wishing to do so. The last two paragraphs relating to financial support are also confusingly vague. They read as follows:

> Financial support should be dispensed through educational institutions. Where hospital schools of nursing are deemed to be appropriate educational institutions by the legally constituted body of the province, financial aid should be granted on the basis of the cost of the educational program.
>
> Provision should be made for financial help in developing new educational programs, both outside and within the hospital milieu[8].

How does the CNA define an "educational institution?" On what basis other than the cost of the educational program would financial aid be provided to a school? What is meant by

the "legally constituted body within the province?" Legally constituted for what purpose? And what is meant by "outside the hospital milieu?"

We would like to believe that the CNA does support basic nursing education in the university but these nebulous statements certainly leave room for doubt. I appreciate fully the difficulties faced by the Association in the formulation of policies, having participated in such efforts, and I am certainly not being critical merely for the pleasure of doing so. As a member of the CNA I share, with all other members, responsibility for approved policies and an obligation to support them, but I have also the individual member's privilege and obligation to express my thinking in respect to them. The whole of Canada looks to the CNA for leadership in nursing, but in so far as university schools are concerned the policies are far from clear. It is essential that we who work in university schools know what the professional association expects of our schools. I suggest that the Canadian Conference of University Schools of Nursing should ask the CNA for a clear statement on this point, and that such a statement should be made public. Then at least we would know where we stand and could better plan "what to do and how to do it."

Turning now more specifically to our university programs, let us consider the variety in preparation represented by the baccalaureate degrees in nursing that are offered by Canadian universities.

Some basic curricula are generic, in that they provide a general preparation for all students and include preparation for public health nursing. Others offer an option in the final year, usually a choice of public health nursing or teaching and supervision. This latter practice implies that public health nursing is a specialty, a point on which there are perhaps differing opinions. Is it not time that we reached agreement on a matter that is of such vital importance to our educational programs? Some universities carry responsibility for the entire curriculum. Others assign their students for two or more years to a hospital school program — one which is of necessity planned for students with a different educational background. Yet in our courses in the principles of teaching we stress the importance of considering the background of the learners. In some situations it may not be possible, at the present time, to effect desired changes but we should be able to reach agreement on what we consider good practice and to be forthright in advocating it. Practically all university basic curricula require the completion of first year arts and science (or senior matriculation) for admission and are then, roughly, four years in length. It is my impression that, while the new basic course at the University of New Brunswick will be a four-year program, it will admit students with junior matriculation. As an experimental venture this program will be watched with much interest. I mention it merely to point out the imminent introduction of still another variation.

In our degree courses for the graduates of hospital schools we find at least as great a variation. In some universities students have a choice of specialized courses, *e.g.* public health nursing, nursing education. In others students are required to complete a generic course similar in purpose to that offered the basic level student. There is also the question of the relative value of the basic and postbasic curriculum as it affects the title of the degree conferred. Should it be the same degree in both cases? Even where the nature of the program is the same, *i.e.* both generic or both providing for specialization in the final year, do they in fact represent the same level and quality of preparation? While not quite as pessimistic as Doherty, I am inclined to believe there is some justification for his statement that

> It is hopeless to try to influence the existing attitudes, by and large, of those now constituting the professions — it is too late. They have, most of them, already formed the views and habits which will guide their professional lives, and these cannot be changed by exhortation . . . The time to cultivate a new point of view is during the formative years of professional education, just as this has been the period during which those interests and attitudes that now characterize the different professions have been formed[11].

While there are exceptions, it has been our experience that the majority

of *postbasic* students, even the younger ones, tend to be rigid in their thinking. They find it difficult to consider ideas and methods that differ from what they have learned in their own basic courses.

Are these differences in our baccalaureate programs of no real significance? Certainly they present problems to employers who are finding it increasingly difficult to know what kind of preparation is signified by the degrees from different universities. These differences will also present problems, at least to the applicants if not the universities, in regard to master's programs. In education for other professions the baccalaureate degree is assumed to represent broad preparation for general practice and a sound base on which to build specialization, and preparation for specialization is reserved for the master's level. Should nursing education be different in this respect? Does much of what has heretofore been regarded as special preparation really belong in the basic curriculum? Where and on what basis shall we distinguish between what should be included in the baccalaureate and master's programs?

What do we think about the one-year courses? They were designed to meet specific needs. They are still much in demand, but they do pose problems. Should they and can they be articulated with the baccalaureate curriculum? When nurses who have completed a one-year course wish to qualify for a degree, as many of them do, how much credit, if any, should be granted for their previous courses? Should these courses be completely ignored? If not, how can we equate them with the requirements of the degree curriculum?

There is plenty of scope for variety in the methods used to achieve the goal but surely the time has come when we ought to try to reach agreement as to the general nature and level of preparation that a baccalaureate degree in nursing should represent. Registration requirements ensure a measure of uniformity in the qualifications of the graduates of hospital schools. The majority of provincial requirements ensure that these nurses shall be eligible to proceed to university. Should those of us who are responsible for university programs consider trying to ensure that the majority of our graduates shall be eligible to proceed to graduate study?

What should the master's program be expected to achieve? Should it be generic in nature, providing for specialization through an elective major? Should it be specialized throughout? On what basis should provision be made for specialization — field of activity (various clinical specialities, public health, etc.) or areas of function (education, supervision, administration)? Assuming that the student will devote her full time to study, what is an appropriate length for the course — one year, 18 months, two years? Should field work be required? While these questions will be answered in specific situations by the universities that develop master's programs they are of concern to all of us and are questions on which we might well share our thinking.

Having considered "where we are" in nursing education with particular reference to university schools and having stressed the need for clarification of "what we ought to do," let us discuss certain aspects of "how to do it."

Several years ago at the University of British Columbia we decided that we should try to straighten out our own thinking by preparing a statement of the philosophy and aims of our school. We undertook this as a staff project and devoted much time and effort to it. In respect to the basic curriculum we said simply that our aim was to prepare the professional nurse. This sounded fine until one of our young instructors asked "But what do you mean by the professional nurse?" At first we thought this a silly question, but when we tried to define the professional nurse in terms that would guide the planning of a curriculum we found it far from easy. Eventually we produced a description of our concept of the professional nurse, only to realize that the new graduate from our basic course could not be expected to measure up to the standards we had set. So then we had to define what we believed our student could reasonably be expected to have achieved on the completion of her course. This effort resulted in the

following statement, not with the thought that it would be necessarily appropriate to any other situation, but because it represents our thinking regarding what a student should gain from a baccalaureate course.

We believe that a nurse with a Bachelor of Science in Nursing degree from the University of British Columbia should:

1. Have a reasonable understanding of her own society and be able to participate as a citizen and a professional person in the promotion of human welfare;

2. have an appreciation of her professional heritage and of her responsibility as an individual to work through her profession for the advancement of nursing in the interests of society;

3. be able to work effectively with people, both individually and in groups;

4. be able to recognize and deal constructively with nursing problems which she will encounter in the course of her professional activities;

5. understand principles that are fundamental to the practice of nursing and be able to utilize principles in the adaptation of methods and techniques;

6. have sufficient skill in the performance of nursing techniques and procedures to enable her to give good nursing care;

7. understand basic principles of learning and teaching and be able to plan and carry through effective teaching of individuals and groups;

8. understand the elements of administration and be able to implement them at her level of competency;

9. understand the modern concept of supervision, be able to benefit from supervision, and be able to apply basic supervisory skills and techniques on a level commensurate with her competency.

With the preceding statement as a guide, we made possible adjustments in our program which was, at that time, of the kind I have referred to previously as "cooperative." Then we tucked the results of our efforts away in the files. About a year ago when our school became responsible for its entire curriculum, we reviewed our previously constructed statement and decided that it needed only minor changes. But when we settled down to the task of planning the clinical nursing sections of the curriculum, our complacency was completely shattered by the realization that these broad statements were totally inadequate as a basis for organizing learning experiences for students. Each statement had to be carefully analyzed to ascertain what it involved. For example, in reference to the "ability to recognize and deal constructively with nursing problems that she will encounter in the course of her professional activities," we had first to define what we meant by "nursing problems." Then we had to identify the more specific abilities that the student would need in order to be able to deal "constructively" with them. We decided that she would need ability

to observe,
to interview,
to record and report pertinent data,
to identify and state problems,
to analyze problems,
to gather and assess relevant data,
to plan with patients and others for the solution of problems,
to take appropriate action,
to evaluate the results of action taken or withheld and to learn from the experience.

After analyzing in a similar manner all nine of our general statements, we were dismayed to find that the result was still inadequate as a basis for planning learning experiences and that we would have to decide what levels of achievement in respect to each specific ability should be expected of the student at various stages of her program. Out of this latter activity another question arose. How could we know that the student was in fact developing the desired abilities? Our next step was to try to describe appropriate behavior at various stages of the program, and this phase of our task is still in progress. However, it was cheering to discover that, when this particular phase of the task has been completed, we will have not only a guide for the selection of learning experiences, but also the essentials of a guide for the evaluation of the student's progress. Out next step was to take the outline of abilities to be developed and the levels of achievement to be expected at the various stages of the program and, in consultation with the key personnel in the clinical areas where our students are to be placed, to plan the learning

experiences which the areas could provide.

A few of our staff had had courses in curriculum construction and the majority had gained at least some knowledge of the process from professional reading. But the theory of curriculum construction acquired an entirely new meaning when we proceeded to apply it in our efforts to take a fresh approach to the planning of our new program. Though very time-consuming and often frustrating, it has been an exciting experience to discover that the theory propounded by the experts actually works! Efforts to apply the deceptively simple principles of curriculum construction have forced us to clarify vague and fuzzy ideas. In so far as we can judge at this time, these same principles have been conducive to realistic planning. It has been very helpful to have all members of staff involved. The younger and less experienced members accept nothing on faith but are constantly asking challenging questions, and they persist until they receive satisfactory answers. We know that our first overall plan will have many defects that only experience will reveal, and that it will require extensive revision after the first trial and continuous modifications thereafter. But we are convinced, as never before, that the procedure is sound, and that it provides a very satisfying approach to the task of building a curriculum.

Discussion of the curriculum inevitably brings up the question of practical experience. Authorities on the subject of professional education tell us that a satisfactory program consists of a judicious mixture of general courses (sciences and the humanities), special courses (peculiar to the profession), and practical experience under the guidance of an expert. It is in this area of "experience under the guidance of an expert" that our greatest problems lie.

What degree of skill in the performance of nursing techniques is it reasonable to expect of the new graduate of a degree course in basic nursing? We find there is, at least at times, a tendency to judge her in terms of the performance of more experienced nurses. Should we accept this as a reality and hold our students in the program long enough to ensure a relatively high degree of skill? Or should we try to gain acceptance of the idea that the new graduate, even though she holds a university degree, is a beginning practitioner — one who has a functional knowledge of the fundamental principles on which nursing is based and can be expected to apply them intelligently; one whose skills are those of a beginner in the professional field and who can be expected to continue to grow and become increasingly skilful? The answer to this question will influence the kind and amount of experience to be included in our programs.

The same question arises in connection with courses for the graduates of hospital schools. There has been discussion of the possibility of not requiring field work in some of these courses. Certainly we know that in some of the advanced level courses offered in the United States no field work is included. If the purpose of the professional school is to prepare individuals to practise their profession competently, how can the school vouch for the competence of its graduates if no field work is provided? At UBC we consider field work an essential part of all of our curricula. We will not, at any time, recommend a student for either a degree or a diploma until she has demonstrated an acceptable level of performance. It is also a matter of considerable importance to employing agencies to know whether the degree or diploma presented by the applicant for a position indicates that she has demonstrated ability to function in an acceptable manner, or merely that she has mastered the theoretical knowledge essential for practice. The information has a bearing on the kind of orientation program to be provided for the new employee, as well as her placement within the agency.

The provision of a high quality of field experience for students requires that those persons who act as field guides have a background of education and experience at least equal to that which the student will have attained on the completion of her program; and that they have an understanding of the student's total program and of what the field experience is expected to contribute to it. It is therefore essential

that the university staff work closely with the field agencies; that the agencies be provided with a statement of the objectives of field work and that they be given guidance in planning field experience for students. The university should provide background information about each student, including her special needs and interests. A member of the university staff should be available for consultation if needed during the period of field experience. Also, through periodic group conferences all agencies that accept students should be kept well informed regarding any changes in the total program and should be given opportunity to make suggestions in respect to it.

Direct supervision of field students should be provided by the agency's staff. In our experience this rarely presents any problem in the public health field. On the whole our public health agencies are staffed with qualified public health nurses and the members of the supervisory staff have had advanced preparation. There is a growing problem, however, due to the increasing demand being made on the agencies both by the universities and hospital schools that are seeking public health experience for their students. While experience for the latter group is desirable, it should not be permitted to jeopardize experience for students who are being prepared for practice in the public health field. Perhaps the CCUSN might suggest to both the Canadian Public Health Association and the CNA that they consider recommending the establishment of priorities in respect to public health experience for students. This has already been done by some agencies but a recommendation from these two national organizations might be very helpful.

The problem in respect to the supervision of field students in hospitals is more difficult. In our province at least, there is a shortage of head nurses and supervisors with the background desirable in those responsible for guiding field students. Regardless of how competent she may be in the management of her unit, without an understanding of the total program and of what the field experience is expected to contribute, the value of what the head nurse can provide for the student is limited. The provision of field experience in hospitals requires infinitely more attention from university staff during the period of experience, than is the case in the public health field. This is partly because the field experience for these students is more varied and planned on an individual basis; partly because the students need opportunities to discuss their problems with their instructors; and partly because the instructors want to see their students in action so as to evaluate their ability to apply the principles of teaching, supervision and administration. If and when there are more fully qualified head nurses and supervisors in hospital areas, the problem of providing good field experience for our students will become much less difficult.

You may be interested in a practice that we have followed for the last five years, which seems to us to be very satisfactory. Students in the final year of the degree course are assigned responsibility for our first year students during the period of their initial experience in clinical areas. Under the guidance of their instructor, the final year students devote one class period a week during the spring term to preparation for this part of their field work. First year students are placed on wards for an eight-week period in May and June. This coincides with the timing of fourth year field work. One fourth year student is given responsibility over a four-week period for two or three first year students. In the beginning we wondered if the change halfway through the eight-week period would prove disrupting to the first year students and to the wards. We find that, as a rule, the transition is made easily and quickly. This plan provides excellent field experience for the fourth year students, and it promotes a quick and effective adjustment of the first year students to the clinical areas. In fact, we have been surprised and extremely pleased to discover that this arrangement is better than a previous plan of reserving this particular field experience for the graduate-nurse students taking clinical teaching and supervision who carried the same assignment through the full eight-week period. We should not have been surprised since it is to be expected that final year students in the degree course,

having had the same program, would be more familiar with the background of the first year students. They have demonstrated greater ability to help the young students to see significant relationships, to apply to nursing situations the knowledge they have gained from their science courses, and to work from basic principles. The initiative, imagination and poise which some of these young fourth year students have shown in their teaching have been a joy to their instructors.

The last problem which I shall mention — one of which we are all keenly conscious — is that of obtaining qualified staff for our university schools. The dearth of suitable instructors certainly adds cogency to the need for master's programs. It is only reasonable that general university policies respecting staff appointments should be applicable to the school of nursing. This usually means that a master's degree is required for appointment within the regular stream of the academic staff. In respect to nursing it is almost impossible to obtain instructors with that qualification, particularly for teaching in the clinical areas. Of the few inquiries that we have received within the last year or so from persons holding a master's degree, practically all were seeking administrative positions. The situation is perhaps particularly difficult for those schools that offer a generic program. In these schools it is desirable that the clinical instructors have a background in both clinical and public health nursing. Otherwise they are seriously handicapped in their efforts to help integrate public health aspects of nursing throughout the entire curriculum.

Mental illness is one of our major public health problems. Our graduates should be prepared to participate in efforts to promote good mental health and to serve in psychiatric hospitals. Yet it is practically impossible to find instructors who are prepared to teach in this area of the curriculum. The lack of instructors aggravates the situation since without them we are unable to prepare interested graduate nurses for work in this field.

Summary

What I have tried to do is to highlight, not the strengths and progress of nursing education, but some of the difficulties and problems facing us. Having been for 34 years a fairly active member of our nursing associations, both provincially and nationally, and having spent the past 17 years in a university program, I have had opportunity to develop some awareness of the situation, limited and perhaps biased though my viewpoint may be. Recently, when browsing through a magazine, I encountered one of those little quotations that editors dearly love to insert in their spare corners. It was to the effect that you cannot both antagonize and influence people. I have no wish to antagonize, and little hope of influencing the course of nursing education, though I believe that a united and strong CCUSN could do so. What has been presented represents my own thinking in respect to certain aspects of nursing education in this country, particularly as they relate to university schools. I suggest that a university school should

First, and of greatest importance, offer a baccalaureate curriculum that will provide broad preparation for general practice on a professional level in any field of nursing and a sound foundation on which to build graduate study.

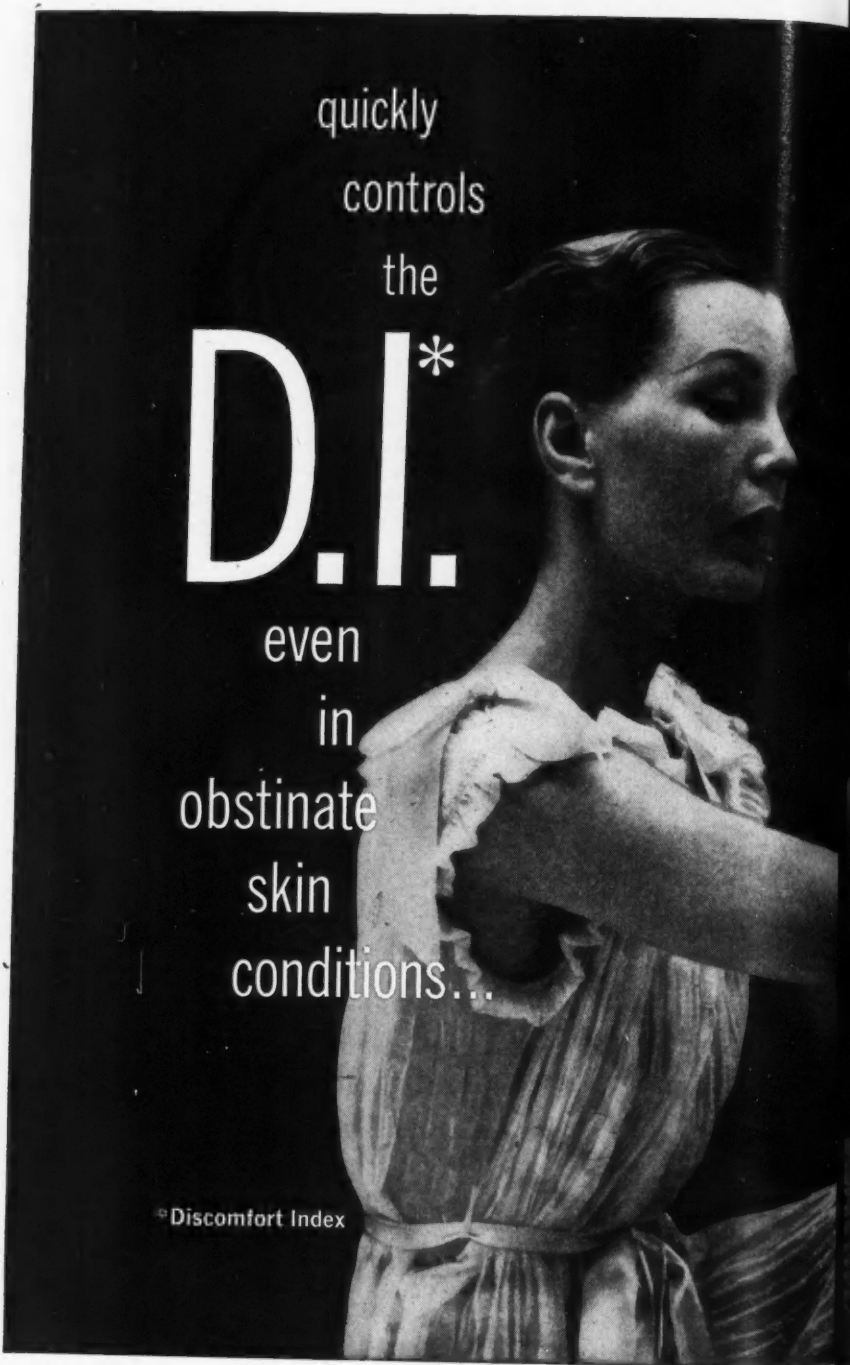
Second, provide a curriculum that will enable the graduates of hospital schools to attain a comparable level of preparation.

Third, as soon as conditions are favorable, organize a master's program to prepare nurses for senior level positions in nursing education, nursing service and nursing research. My present thinking is that a master's program should provide a general knowledge of all three areas with an elective major in the field of special interest.

Fourth, as long as these are required, continue to offer one-year courses to meet the service needs of hospitals and public health agencies; but recognize these courses as an expediency and stop trying to provide the same content and level of instruction as is given in the final year of the degree course. To do so means that the content and teaching are appropriate to neither group.

Fifth, provide institutes, extension courses, and consultive services to the extent possible without jeopardizing the major program.

I have described certain aspects of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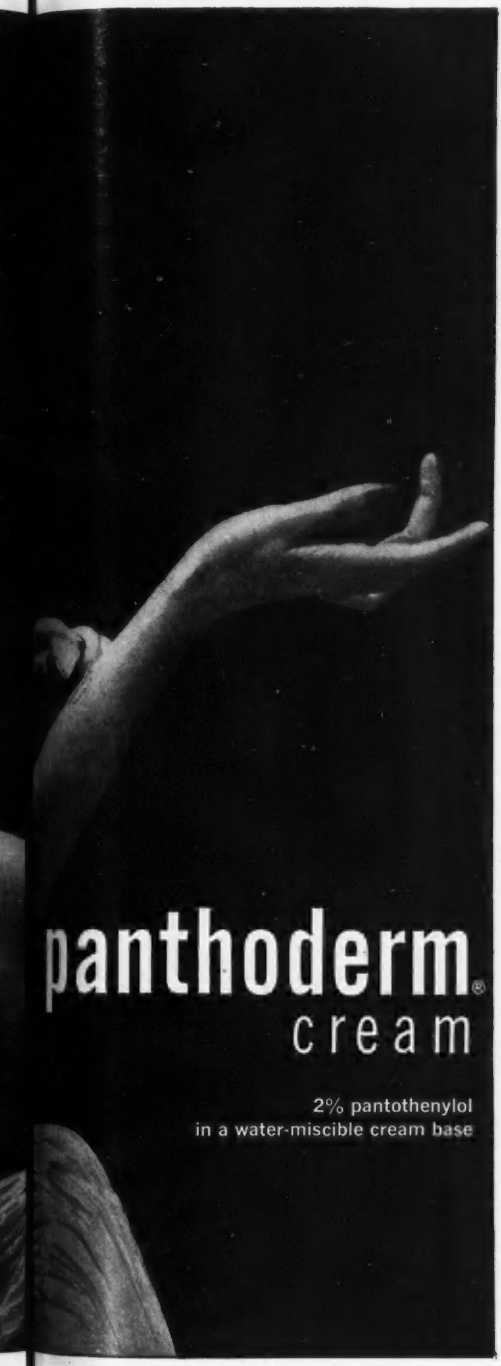

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our efforts at UBC to develop a functional curriculum; presented some problems regarding field experience; and, by implication, have pointed out the relation of our difficulties in obtaining qualified staff to the variation in the nature of baccalaureate programs now being offered across the country. I do not ask that you agree with the ideas expressed, merely that you accept them as the outcome of an effort to view the situation objectively if not dispassionately. People usually feel strongly about the things that are important to them, and nursing education *is* important.

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A study was undertaken to determine the extent to which a nursing interview in an out-patient clinic could increase:

1. the patients' ability to understand and carry through treatments
2. the patients' general satisfaction with clinic visits.

A randomly selected group of new patients was seen following the doctor-patient interaction in order to question, clarify or discuss problems related to the patients' treatment and well-being. A control group went through clinic in the usual manner. The doctor-patient interaction of both groups was observed and recorded. Both groups were interviewed on their return visit before seeing the doctor to determine their understanding of treatment and orders given in the previous visit and their success in carrying through these orders at home.

The data obtained support the hypothesis that in a clinic situation, if a patient is given the opportunity to question, clarify, or discuss problems related to his treatment and well-being, then he will be better able to carry through the medical advice given to him. It was found that there was a close relationship between the patient's understanding of treatment and his ability to follow through medical advice at home. The nurse appeared more effective with lower class patients, and with non-white patients. She clarified more of the treatment orders with these patients and they expressed a high level of resultant satisfaction.

Abstracts from Studies in Nursing — Yale University School of Nursing, New Haven, Connecticut.

* * *

More than 65,000 Canadians died in 1958 of heart disease; more than 250,000 were disabled by heart disease; more than 80 million dollars were lost as direct income of its victims; more than 125 million dollars were the conservative cost of care and treatment.

In 1958 Canadian spent over four times as much on valentines as they did on heart research, 25 times as much on fleeting tributes to victims of heart disease. Over 100 million dollars was spent on industrial research for product or production improvement. Less than one milllion was contributed in the same period to heart research by the whole nation.

Health Newsletter, Saskatchewan Department of Public Health

* * *

Canada's first newpaper, the *Halifax Gazette* was printed in 1752.

— DOROTHY DUNCAN

NURSING PROFILES

The news that the Victorian Order of Nurses for Canada had a new director-in-chief was released late in March and we take much pleasure in extending sincere congratulations to **Jean Cecilia Leask** on her appointment.

(Ashley & Crippen)

JEAN LEASK

Although she has been assistant director in the division of nursing in the Toronto Department of Health for the past few years, Miss Leask is not a newcomer to the Order. As a young graduate from the University of Toronto School of Nursing, she joined the Toronto branch in 1936 and remained with it until December 1939 when she transferred to Regina as nurse-in-charge of that branch. A one-year Rockefeller travelling scholarship gave her an opportunity in 1941 to observe various official agency programs both in Canada and the United States. She returned to the Toronto branch as supervisor in January, 1942. In 1952 she did postgraduate study at the University of Chicago, majoring in public health nursing administration, and obtained her Master of Arts. She had previously obtained her Bachelor of Arts degree from the University of Toronto.

The Victorian Order of Nurses is a unique agency, distinctly Canadian, and with a proud record of service to the citizens of this country. Miss Leask is representative of the highly experienced, devoted and capable nurses who, since the foundation of the Order, have directed its activities and won for the VON an unequalled degree of community esteem.

* * *

Early this year arrangements were completed for an extension course in nursing unit administration under the joint sponsorship of the Canadian Nurses' Association and the Canadian Hospital Association and with financial support from the W. K. Kellogg Foundation. The director of the project is **Mary Kathleen Ruane** who, since 1954, has been director of nursing service at University Hospital, Saskatoon.

A graduate of Misericordia General Hospital, Winnipeg, Miss Ruane attended the University of Manitoba where she received her certificate in teaching and supervision. Several years of experience in supervisory positions preceded her appointment as superintendent of nurses at The Children's Hospital, Winnipeg in 1945. In 1954, she relinquished this post to assume her duties in Saskatoon. An active leader in nursing, she has brought distinction to University Hospital and to her profession in the various capacities in which she has served it.

M. KATHLEEN RUANE

Some time ago the Registered Nurses' Association of Ontario sponsored a study of registration examinations. The report resulting from this investigation recommended the appointment of a nurse, experienced in

the field of nursing education, to develop, interpret and administer objective type, machine-scored registration examinations. It is expected that **Dorothy Rebecca Colquhoun** will join the RNAO staff in this capacity during the summer.

A graduate of The Montreal General Hospital and of the School for Graduate Nurses, McGill University, with a Bachelor of Arts from McGill as well, Miss Colquhoun obtained her Master's degree from Columbia University this year. Until she resigned to continue with postgraduate study, she was director of the school of nursing, Metropolitan General Hospital, Windsor, Ont. She has had considerable experience in the field of nursing education beginning as senior instructor, Royal Jubilee Hospital, Victoria, B.C. Later, after service with the RCAMC during World War II, she went to Port Arthur General Hospital as director of nursing. This was followed by a teaching position at the University of Alberta School of Nursing.

In addition to the active role that she has taken in professional affairs, Miss Colquhoun has an interesting range of leisure-time activities that include bridge, oil painting and record collecting.

(Garland Studio)

SHIRLEY NEWHOOK

Shirley A. Newhook began her new duties as divisional director of nursing services with the Newfoundland division of the Canadian Red Cross Society in April. A graduate of Grace Hospital, St. John's in 1958, Miss Newhook has had postgraduate experience at the Montreal Neurological Institute and was on the staff of the West Coast Sanatorium immediately prior to her present appointment. Keenly interested in the activities of the Red Cross Society, she has also taken an active part in the Girl Guide movement.

The Canadian Red Cross Society takes much pleasure in announcing her appointment and, from her nursing colleagues, sincere good wishes and warm congratulations are extended.

The Sadowski Studio at **Indian Harbor** is the only one of its kind in Eastern Canada. The story of the owners, Mr. and Mrs. Konrad Sadowski, reads like fiction. They first met in Brazil where Konrad Sadowski had been sent by his government to teach physical training to the Polish immigrants and where Kryslyna Sadowski was teaching weaving. Shortly after they were married, World War II broke out and Konrad joined the Polish Air Force. Imprisoned by the Russians, a Polish patriot helped the couple to escape to Hungary and eventually, in a very roundabout way, they reached England. At the end of the war the couple returned to Brazil. There, in 1949, a member of the Canadian Embassy saw a tapestry done by Mrs. Sadowski called "A Dream of Canada" — an expression of the artist's longing for a country that she had never seen. Shortly afterwards the Sadowskis were invited by the Government of Nova Scotia to come to Halifax to assist in teaching weaving and pottery. They established their studios at Indian Harbor.

Mrs. Sadowski uses ancient Polish techniques for weaving, uses handspun wool and dyes it herself. Her husband uses old Babylonian methods in turning out his pottery in which the shaping is done by use of a potter's wheel.

WILL BIRD in *Off-Trail in Nova Scotia*

* * *

Do you know that conversation is one of the greatest pleasures in life? But it wants leisure. — SOMERSET MAUGHAM

* * *

Most of the change we think we see in life is due to truths being in and out of favor. — ROBERT FROST

* * *

The biggest dog has been a pup. — MILLER

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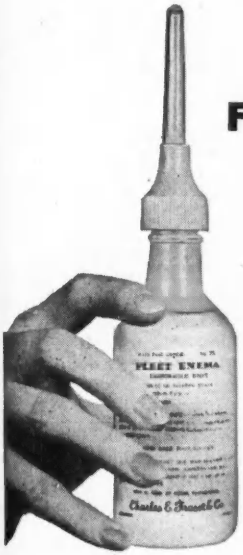

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1. Marks, M.M.: Am. J. Digest. Dis. 18:219, 1951

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Convention Highlights

AS WE WRITE these lines National Office is busily engaged in final preparations for the 30th Biennial Meeting of the Canadian Nurses' Association being held in Halifax, June 20-24, 1960. Our eastern nurses have been very busy planning interesting and varied entertainment. A hearty welcome, an excellent program, new hotel facilities and entertainment to suit all interests awaits you.

Your Executive Committee will remember for many years the occasion of the presentation of the **Report of the Pilot Project on the Evaluation of Schools of Nursing in Canada** by the Director, Miss HELEN K. MUSSALLEM at the CNA Executive meeting held in Ottawa, February 1960. All Convention registrants will have the same opportunity to witness the results of this exhaustive study as one full day has been set aside for the discussion of this report. Special luncheons and group discussions are being planned to give opportunity for study of this report.

The CNA joins the world in celebrating **Mental Health Year** by presenting a case conference "The Patient Returns to the Community" followed by a panel discussion, with opportunity for audience participation.

Other topics on the program are the presentation of reports, hospital insurance and its impact on nursing, and nursing legislation with international participation.

Those of you who had the opportunity to be present at the colorful and gracious ceremony of the presentation of Honorary Memberships at the 50th Anniversary Meeting, Ottawa 1958, will be pleased to learn that the CNA plans to conduct a similar tribute in Halifax.

Traveling by train? Entertainment awaits you from the moment you board the train until you say au revoir to both old and new friends as the meeting closes. The CNR special convention train offers an opportunity to get acquainted through planned activities en route to the shores of the Atlantic. We'll hae the pipers out to meet ye! For further information write to your provincial transportation chairman.

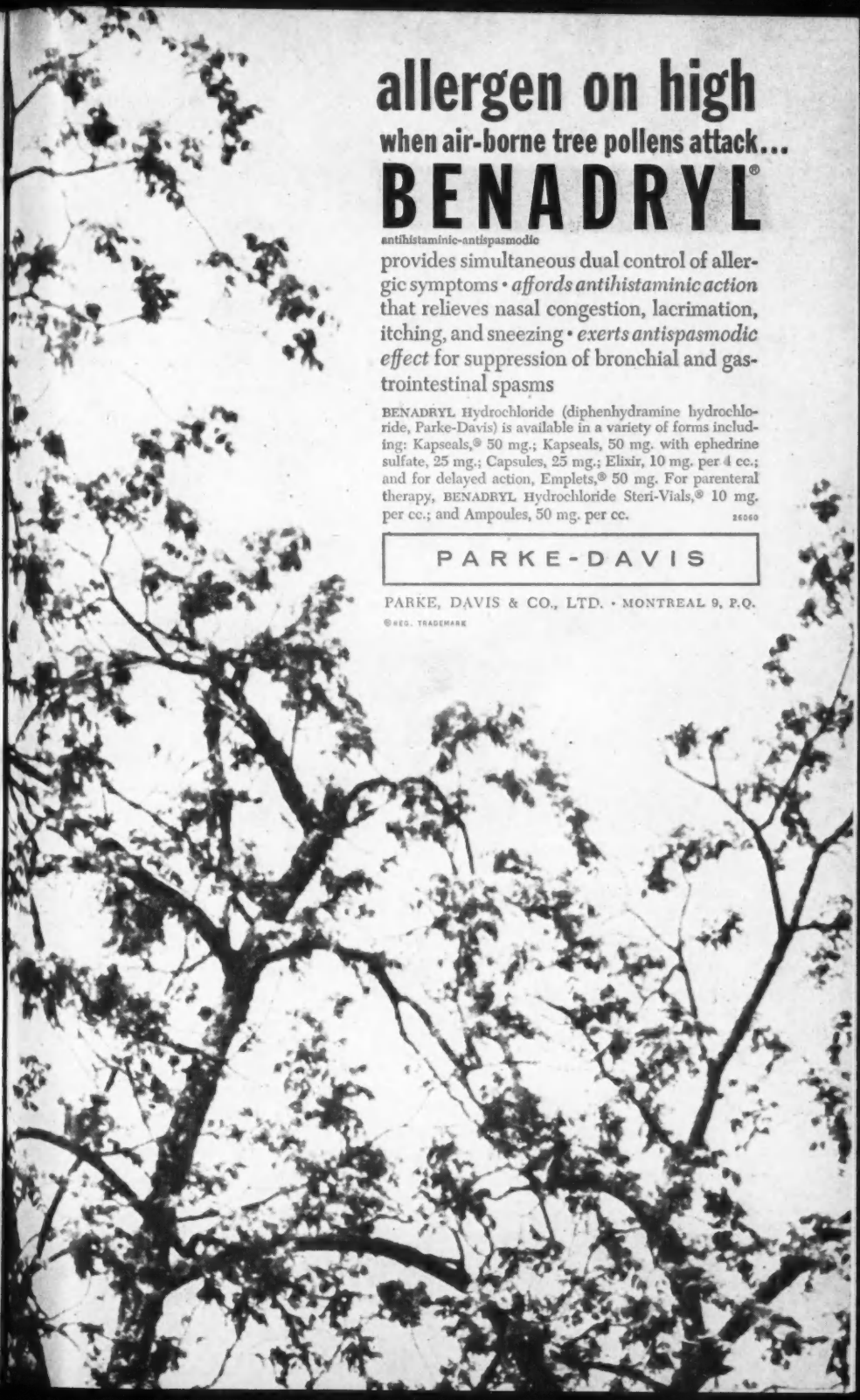
The Government of Nova Scotia cordially invites you to a Garden Party to be held in the Public Gardens, Halifax. Your President extends a warm invitation to the President's reception at which time the Guntar Buchta dancers will entertain you with their ballroom dancing. The Registered Nurses' Association of Nova Scotia has planned a reception to be held following the close of the convention. A harbor cruise followed by a lobster supper has been planned for the mid-week free afternoon. Opportunities are also available for visits to neighhoring spots of scenic interest.

It's not too late to register. July is vacation month for many nurses and the CNA has arranged for special tours, following the convention, to Europe, Bermuda, New York, St. Pierre and Miquelon, Newfoundland and the Maritime Provinces. Pamphlets illustrating these tours are available in National Office.

Why not come to the meeting and then take advantage of the many vacation opportunities that are yours for the asking? CNA National Office welcomes receipt of your application for registration and will arrange suitable accommodation.

A Tribute

As we review the many accomplishments that our association has achieved



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during the past biennium we realize that these advancements could not have been made without the wholehearted support of our members across Canada. National committee members have worked many long hours in promoting the interests of our association and in maintaining and upraising the standard of nursing care.

The President and members wish to record their congratulations and thanks for a job well done. We, in National Office, are most grateful for their assistance and cooperation.

International Code of Nursing Ethics

Adopted by the Grand Council of the International Council of Nurses, Sao Paulo, Brazil, July 10th, 1953. Approved by the Canadian Nurses' Association in convention in 1956.

Professional nurses minister to the sick, assume responsibility for creating a physical, social and spiritual environment which will be conducive to recovery, and stress the prevention of illness and promotion of health by teaching and example. They render health service to the individual, the family, and the community and coordinate their services with members of other health professions.

Service to mankind is the primary function of nurses and the reason for the existence of the nursing profession. Need for nursing service is universal. Professional nursing service is therefore, unrestricted by considerations of nationality, race, creed, color, politics or social status.

Inherent in the code is the fundamental concept that the nurse believes in the essential freedoms of mankind and in the preservation of human life.

The profession recognizes that an international code cannot cover in detail all the activities and relationships of nurses, some of which are conditioned by personal philosophies and beliefs.

1. The fundamental responsibility of the nurse is threefold: to conserve life, to alleviate suffering and to promote health.
2. The nurse must maintain at all times the highest standards of nursing care and of professional conduct.
3. The nurse must not only be well prepared to practise but must maintain her knowledge and skill at a consistently high level.
4. The religious beliefs of a patient must be respected.
5. Nurses hold in confidence all personal information entrusted to them.
6. A nurse recognizes not only the responsibilities but the limitations of her or his professional functions; recommends or gives medical treatment without medical orders only in emergencies and reports such action to a physician at the earliest possible moment.
7. The nurse is under an obligation to carry out the physician's orders intelligently and loyally and to refuse to participate in unethical procedures.
8. The nurse sustains confidence in the physician and other members of the health team; incompetence or unethical conduct of associates should be exposed but only to the proper authority.
9. A nurse is entitled to just remuneration and accepts only such compensation as the contract, actual or implied, provides.
10. Nurses do not permit their names to be used in connection with the advertisement of products or with any other forms of self-advertisement.
11. The nurse cooperates with and maintains harmonious relationships with members of other professions and with her or his nursing colleagues.
12. The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.
13. In personal conduct nurses should not knowingly disregard the accepted patterns of behavior of the community in which they live and work.
14. A nurse should participate and share responsibility with other citizens and other health professions in promoting efforts to meet the health needs of the public — local, state, national and international.

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International Council of Nurses

TWELFTH QUADRENNIAL CONGRESS

Melbourne, Victoria, Australia
April 17-22, 1961

Preliminary Program

It is available for circulation from ICN headquarters and from the headquarters of the Royal Australian Nursing Federation. Copies will be sent in bulk on request to the headquarters of national member associations or to individual nurses.

Application Forms

Forms for attendance at the Congress and for accommodation in Melbourne, can be obtained from the National Office, Canadian Nurses' Association, 74 Stanley Avenue, Ottawa, Ont. The forms have to be returned, in duplicate, by national nurses' associations to the headquarters of the R.A.N.F. by November 1, 1960. A registration fee of five pounds sterling should accompany each application form.

Accommodation

It is earnestly requested that those planning to attend the Congress should *not* apply directly to hotels in Melbourne for accommodation. Indicate on the application form the type and price of accommodation required. Prices range from £4. 5. 0. per day (Australian pounds) for single room with private bath (bed and breakfast only) to £2. per day, without private bath (bed and breakfast). There will also be some accommodation available in nurses' residences of hospitals, and in private homes. This can be requested when completing the application form. (*N.B.* The Australian pound is equivalent to 16 shillings sterling, or $2.24 in U.S. currency.)

Professional Visits

Congress participants may indicate on their application forms the visit or visits they wish to pay in Melbourne, in order of preference. These visits may include general hospitals, midwifery hospital, specialized hospitals and/or institutions, public health services and nursing schools.

Excursions

Half-day or whole day excursions, available from Melbourne and which can be undertaken before or after the congress, are listed on the application forms. These include a tour of the city, or visits to country towns and rural areas within reach of Melbourne.

Social Events

Social events will include an evening reception for members of the Grand Council; a buffet banquet for all Congress participants, and an evening entertainment for student nurses arranged by student nurses of the hostess country.

New member associations, elected by the Grand Council, will be formally accepted in a special ceremony.

Student Nurses

Student nurses planning to attend the Congress must be sponsored by their national nurses' associations. Application forms and registration fees should be submitted, together with those of graduate nurse participants, to the Royal Australian Nursing Federation by *November 1st, 1960.*

ICN Board of Directors

The Board of Directors will meet in Wellington, New Zealand, on April 10, 11 and 12, 1961. It will meet again under its new officers on April 24, 1961. Following this meeting a special two-day conference is being arranged for executive secretaries of national member associations.

On the wall of the courtyard which surrounds Province House, **Halifax,** a tablet marks the site of the first printing press in British North America.—DOROTHY DUNCAN

You have no more right to consume happiness without producing it than to consume wealth without producing it.

—G. B. SHAW

WHY KNOX SPECIAL DIET BROCHURES ARE BASED ON FOOD EXCHANGE LISTS

KNOX
CHOICE-OF-FOODS DAILY DIET LISTS for

1200 CALORIE DIETS
1600 CALORIE DIETS
1800 CALORIE DIETS

IMPORTANT! To achieve your weight goal . . . *your daily diet must include foods from each of the lists shown . . . in the exact amounts indicated for your particular calorie pattern.* Your calorie pattern requirements are indicated in the same color in each list. 1200 calories (red), 1600 calories (blue), 1800 calories (green).

You may eat these foods any time of the day you wish . . . however, it's advisable to divide them into 3 equal meals.

MEASURE CAREFULLY . . . USE STANDARD MEASURING CUPS AND SPOONS

VEGETABLE LIST

Each of the following food choices contains little carbohydrate, protein or calories.

1200 CALORIE DIET - Choice of any number
1600 CALORIE DIET - Choice of any number
1800 CALORIE DIET - Choice of any number

In Raw Form, Size of Serving Unlimited; Cooked, Size Serving ½ to 1 cup.

Asparagus	Eggplant	Dandelion
Broccoli	Lettuce	Kale
Brussels sprouts	Mushrooms	Mustard
Cabbage	Okra	Spinach
Cauliflower	Pepper	Turnip greens
Celery	Radishes	Sauerkraut
Chicory	Greens:	String beans
Cucumber	Beet greens	Summer squash
Escarole	Chard	Tomatoes
	Collards	Watercress

OR You may choose from this vegetable list. Each of the following foods contains 7 grams carbohydrate, 2 grams protein, 35 calories.

1200 CALORIE DIET - Choice of any 2
1600 CALORIE DIET - Choice of any 4
1800 CALORIE DIET - Choice of any 4

One Serving Equals ½ cup.

Beets	Peas, green	Squash, winter
Carrots	Pumpkin	Turnips
Onions	Rutabagas	

BREAD LIST

Each of the following food choices contains 15 grams carbohydrate, 2 grams protein, 70 calories.

1200 CALORIE DIET - Choice of any 3
1600 CALORIE DIET - Choice of any 4
1800 CALORIE DIET - Choice of any 3

	Amount to Use
Bread	1 slice
Biscuit, roll (2" diameter)	1
Muffin (2" diameter)	1
Cornbread (1½" cube)	1
Cereals, cooked	½ cup
Dry, flake and puff types	¾ cup
Rice, grits, cooked	½ cup
Spaghetti, noodles, cooked	½ cup
Macaroni, cooked	½ cup
Crackers, graham (2½" sq.)	2
Oysterettes (½ cup)	20
Saltines (2" sq.)	5
Soda (2½" sq.)	3
Round, thin	6
Flour	2½ tablespoons
Vegetables	
Beans and peas, dried, cooked (lima, navy, split peas, cowpea, etc.)	½ cup
Baked beans, no pork	¼ cup
Corn	½ cup
Popcorn	1 cup
Parsnips	⅔ cup
Potatoes, white	1 small
Potatoes, white, mashed	½ cup
Potatoes, sweet or yams	¼ cup
Sponge cake, plain (1½" cube)	1
Ice cream (omit two fat choices)	½ cup

MILK LIST

Each of the following food choices contains grams carbohydrate, 8 grams protein, 10 g and 170 calories.

1200 CALORIE DIET - Choice of
1600 CALORIE DIET - Choice of
1800 CALORIE DIET - Choice of

	Amount
Whole milk (plain or homogenized)	
*Skim milk	
Evaporated milk	
Powdered whole milk	
*Non-fat dry milk solids	
Buttermilk (made from whole milk)	
*Buttermilk (made from skim milk)	

You can use the milk on your meal plan in coffee, on cereal, or with other foods.

*Skim milk products contain less fat. When used whole milk add 2 fat choices to get the same food

FAT LIST

Each of the following food choices contains fat, 45 calories.

1200 CALORIE DIET - Choice of
1600 CALORIE DIET - Choice of
1800 CALORIE DIET - Choice of

	Amount
Butter or margarine (1 small pat)	1
Bacon, crisp	1 slice
Cream, light	2
Cream, heavy	1

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Please send me copies of the following Knox Special Diet Brochures:

- ☐ Special Reducing Diet ..... dozen
- ☐ New Variety in Meal Planning for the Diabetic ..... dozen
- ☐ Individualized Low Salt Diets ..... dozen

your name and address

...ons	1 tablespoon
... (6" diameter)	½
...ening	1 tablespoon
...ese	1 teaspoon
...king fat	1 teaspoon
	6 small
	5 small

...LIST

...the following food choices contains 10 ...rbohydrate and 40 calories.

...CALORIE DIET · Choice of any 5

...CALORIE DIET · Choice of any 5

...CALORIE DIET · Choice of any 5

	Amount to Use
...' diameter)	1 small
...ion	½ cup
..., fresh	2 medium
..., dried	4 halves
	½ small
...rots	1 cup
...rots	1 cup
...rots	1 cup
...ins	½ cup
...ge (8" diameter)	¼
	10 large
...ge	2
...ge	2 large
...ge	1 small
...ge	½ small
...ge juice	½ cup
...ge	½
...ge	¼ cup
...ew melon, medium	⅛
...ge	½ small
...ge	1 small
...ge juice	½ cup

Papaya	½ medium
Peach	1 medium
Pear	1 small
Pineapple	½ cup
Pineapple juice	⅓ cup
Plums	2 medium
Prunes, dried	2 medium
Raisins	2 tablespoons
Tangerine	1 large
Watermelon	1 cup

You may use your fruit fresh, dried, cooked, canned or frozen as long as no sugar has been added.

MEAT LIST

Each of the following food choices contains 7 grams protein, 5 grams fat, 75 calories.

1200 CALORIE DIET · Choice of any 4

1600 CALORIE DIET · Choice of any 6

1800 CALORIE DIET · Choice of any 6

	Amount to Use
Meat and Poultry (*medium fat*) 3-4 Oz. Average Serving (Beef, lamb, pork, liver, chicken, etc.)	1 ounce*
Cold cuts (4½" x ½") Salami, Minced Ham, Bologna, Liverwurst, Luncheon Loaf	1 slice
Frankfurter (8-9 per lb.)	1
Egg	1
Fish: haddock, flounder, bass, 3-4 Oz. Average Serving	1 ounce*
Serving Salmon, tuna, crab, lobster	¼ cup
Shrimp, clams, oysters, etc.	5 small
Sardines	3 medium
Cheese, Cheddar type	1 ounce
Cottage	¼ cup
Peanut butter	2 tablespoons

**Equals 1 Meat Choice; 3 oz. serving uses 3 Meat List Choices.*

"BETWEEN-MEAL" SNACK LIST

Each of the following "Between-Meal" snacks is made with Knox—the *real* unflavored gelatine. There are only 28 calories in each envelope of High-Protein Knox.

1200 CALORIE DIET
1600 CALORIE DIET
1800 CALORIE DIET
} **Take Knox Drink 3 times daily**

Take the Knox High-Protein Drink ½ hour before meals as a cold drink (with Fruit Juices). Empty 1 envelope Knox Gelatine in ¾ glass of orange juice, other fruit juices or water, not iced. Let liquid absorb the gelatine. Then stir briskly. Drink quickly. If it thickens, add more liquid, stir again.

OR

As a hot drink (with Bouillon). Sprinkle 1 envelope Knox Gelatine on ¼ cup cold water to soften. Add 1 bouillon cube and ¾ cup boiling water. Stir until gelatine and bouillon cube are thoroughly dissolved. ¾ cup of any very fat broth may be used in place of bouillon.

After you have reached your weight goal . . . take Knox "Booster" Drink (with milk) to maintain weight and to supply additional protein. 1 (8 oz.) glass contains 15 grams protein, 130 calories. In an 8 or 10 oz. dry glass, thoroughly mix 1 envelope Knox Gelatine with 3 to 6 tablespoons *instant* non-fat dry milk (varies with brand). Fill with cold water. Stir briskly until milk thoroughly dissolves. Drink quickly.

...OOD EXCHANGES

1. are authoritative[1]
2. eliminate calorie counting
provide a wide variety of food
4. assure a balanced intake
protein*, carbohydrate, and fat

1. The Food Exchanges Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

**Knox Gelatine is an economical source of the α-amino acid lysine.*

In Memoriam

Ruby Allen, a graduate of the Collingwood, Ontario, General and Marine Hospital, died in New York City on February 29, 1960.

* * *

Edna Mary Anderson who graduated from a school of nursing in New London, Connecticut, U.S.A., died on March 16, 1960. She had done private nursing in Ottawa for many years.

* * *

Louise (Komph) Barrett who graduated from McKellar General Hospital, Fort William, Ont. in 1913 died in a car accident on January 16, 1960. She had served with the Canadian Army Medical Corps during World War I.

* * *

Margaret (McCulloch) Bateson, a 1944 graduate of the Nicholls School of Nursing, Civic Hospital, Peterborough died in a fire that took the lives of her four children as well. In tribute to her, the Campbellford, Ont. branch of the alumnae association has named their bursary "The Margaret Catherine Bateson Memorial Bursary."

* * *

Albina De Grandpré, a graduate of Notre Dame Hospital, Montreal in 1925, died on March 17, 1960. She had retired in 1959 from the Montreal city health service.

* * *

Madeline Marie (Verchere) Mathers who graduated from St. Paul's Hospital, Vancouver in 1934 died on March 15, 1960 from injuries received in an accident.

* * *

Mary (Grigor) Michie who graduated from a New Zealand hospital died in Edmonton on August 30, 1959. She had served with the New Zealand expeditionary forces during World War I and received the Royal Red Cross and the Mons Star in recognition of her work.

* * *

Beverley Grace Simms, a graduate of the Royal Columbian Hospital, New Westminster, died on March 23, 1960 in a tragic accident.

* * *

Sister Maria Foucher who graduated from the General Hospital, Vegreville, Alta. in 1918, died on September 19, 1959. For the past 10 years she had been a member of the nursing staff of St. Louis Hospital, Bonnyville, Alta.

* * *

Sister Marcellin, a graduate of St. Joseph's Hospital, Three Rivers, P.Q., in 1922 died on March 16, 1960. She was 85 years of age. During her lifetime she had been very active in nursing education, having opened the school of nursing, Sacred Heart Hospital, Cartierville, P.Q. and reorganized the school at St. Joseph's Hospital, Three Rivers.

* * *

Bessie Soutar who graduated from Belleville General Hospital, Ont. in 1925 died in December, 1959. She had been nurse-in-charge of the Sudbury branch of the V.O.N. for many years.

* * *

Elizabeth Catherine Ostler Williams who graduated from Kingston General Hospital, Ont. in 1954, died in October 1959. She had been on the staff of the hospital following completion of her training.

A MEMORIAL

In tribute to the outstanding contribution made by **Eileen (Snowden) Ramsay** to public health services in Quesnel, B.C. and the surrounding territory, the town's new health unit will be named the Eileen Ramsay Memorial Health Centre.

Mrs. Ramsay, who founded the Cariboo Health Unit and served in Quesnel for the past 14 years, died recently.

The **Halifax dockyard** built in 1759 and since remodeled, contains relics of great interest. Captain James Cook superintended the erection of the first buildings.

— DOROTHY DUNCAN

* * *

Old charts used by Lord Nelson may be seen in the Legislative Library in Province House, Halifax. — DOROTHY DUNCAN

Knowledge is the only instrument of production that is not subject to diminishing returns. — J. M. CLARK

* * *

Life is adventure in experience, and when you are no longer greedy for the last drop of it, it means no more than that you have set your face . . . to the day when you shall depart. — D. C. PEATTIE

Book Reviews

Patient Care and Special Procedures in X-Ray Technology by Carol Hocking Vennes, R.N., B.S. and John C. Watson, R.T. 203 pages. The C. V. Mosby Company, St. Louis, Mo. 1959. Price $5.75.
Reviewed by Mr. G. A. Wilkinson, R.T., B.Sc., Chief Technician, Royal Victoria Hospital, Montreal.

A nightingale is defined as a small reddish-brown migratory bird which sings melodiously and powerfully both by night and by day. During the Crimean War a very special Nightingale began a song of compassion for the suffering of mankind that has continued to grow more powerful with the passing of each night and each day. Throughout this land and others many nightingales, not all small nor reddish-brown, have migrated to sing their song around the world.

A roentgen is defined as a small unit of ionizing radiation. It too has sung melodiously and with increasing power and has joined the nightingales in carrying its song around the world. During the years of common migration, there have been many times when the two songs blended in complete harmony, many times too when they clashed in chaotic discord. Such discord is usually the result of failure to learn the words of the other's song.

This text offers both the nurse and the technician the opportunity to learn the words, and the actions, of each other's song. The increasing complexity of medical and surgical nursing procedures and of radiological procedures, make it mandatory for the nurse and the technician to be aware of each function in procedures affecting both. Prior to writing this review, I sought the opinion of the nurse in our radiological department as to the value of this book to the nursing profession. Her reply was "I think the book is very good. I did not realize how little I knew about radiological procedures until I commenced working in the department. I feel that every student nurse should be given at least a week of rotation in the radiological department to observe the procedures and gain an understanding of the general method of operation."

I recommend this book, without reservation, as a very necessary addition to the library of every radiological department. I believe sincerely, that every nursing department, and particularly every nursing school, should include it in the reference library. The authors have forged a new link in the chain of medical knowledge involving the nurse and the x-ray technician; knowledge which should weld the nurse and the x-ray technician closer together in their common purpose to achieve better care for the patient.

History and Trends of Professional Nursing by Deborah MacLurg Jensen, R.N., B.S., M.A. 610 pages. The C. V. Mosby Company, St. Louis, Mo. 4th ed. 1959. Price $5.25.
Reviewed by Miss Mary Fagan, nursing instructor, St. Rita's Hospital, Sydney, N.S.

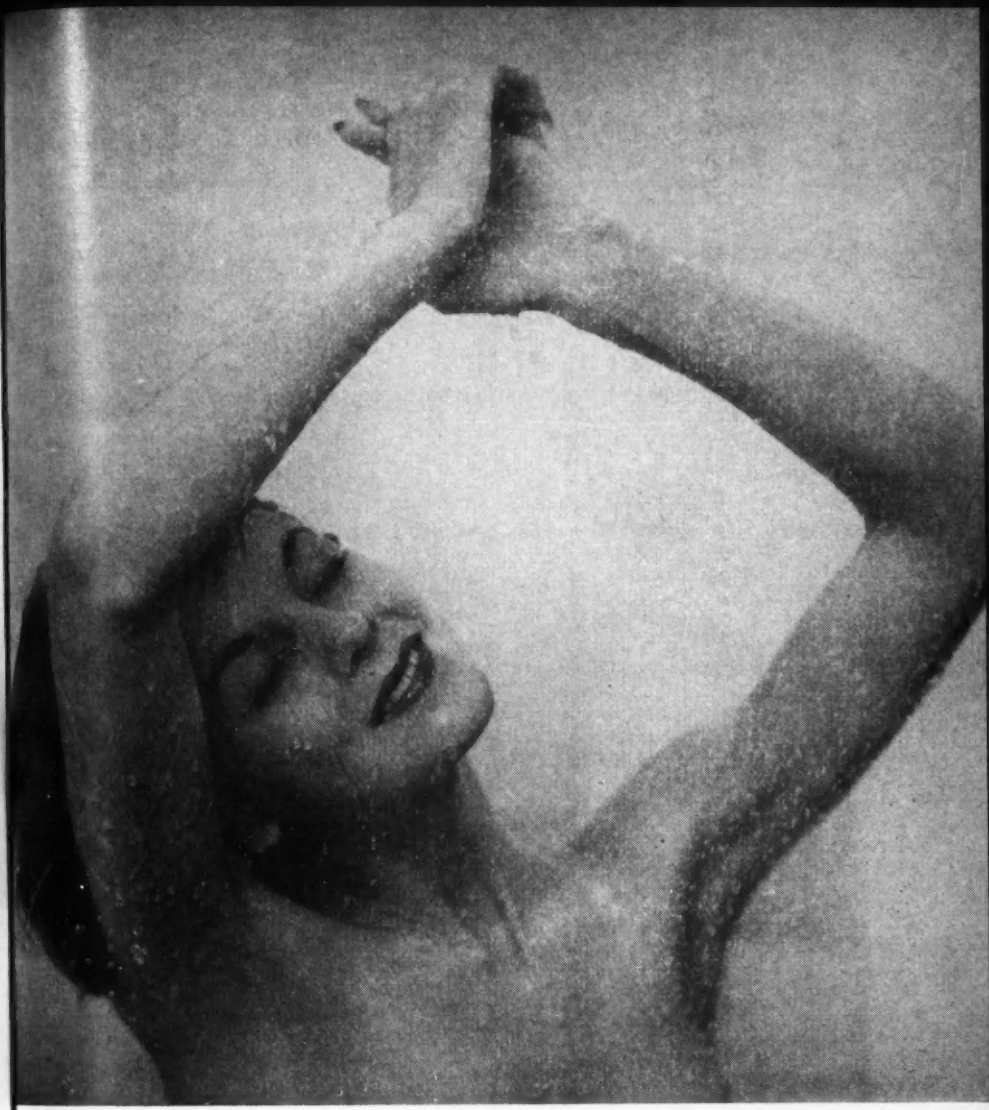
The content is presented in a clear and brief manner. It does not tire you with unnecessary detail, but presents important facts tersely without any loss of clarity. It makes us cognizant of the rapid and constant changes in nursing today. It helps us to understand the necessity of studying the historical background of the past, if we are truly to understand our profession. The author reiterates that we should not interest ourselves merely in dates and events but should get to the crux of the matter which, in all history, is the principles for which great men and women have fought.

It is a very good text for the student. It seems to have accomplished one of its purposes, "To teach the student nurse to appreciate the value of the professional education she is receiving, to understand the great responsibility laid upon her shoulders and the high purpose which she is to serve."

Undoubtedly it would have greater appeal to Canadian nurses if more information on Canadian nursing was included.

Fundamentals of Nursing by Elinor V. Fuerst, R.N., M.A. and LuVerne Wolff, R.N., M.A. 662 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 2nd ed. 1959. Price $5.00.
Reviewed by Miss Marguerite Schumacher, advisor to schools of nursing, University of Alberta, Edmonton.

The first edition of this book was written in 1956 for students in the basic nursing course. The second edition is again designed to meet the needs of the same group. The main purpose of the book is to stimulate



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the student to develop her initiative and a plan of action based on scientific principles.

To achieve the objective the authors have retained the method of presenting procedures and emphasizing the underlying principles to explain each action. The revised unit on the learner and the learning process is much more readable and practical for the student. The unit on the spiritual needs of the patient has been included with the diversional needs. Inasmuch as these are two rather different topics it would have been better to separate them. Diversional needs, which include recreational and occupational therapy, could have been included as part of the unit on rehabilitation.

One of the main differences in the second edition is the constant presentation of the patient as an individual with *emotional* needs as well as *physical* ones. Factual material has been brought up-to-date and trends, not only in nursing but also in our society, are brought into focus.

Each unit has a brief introductory section providing an orientation to the topic. Study situations are listed in each unit. These are most interesting and thought-provoking. They could well be used by instructors to plan and teach this course. Although all of the tables quoted in the various illustrations are American figures there is no doubt that many Canadian figures could be obtained. As a teaching aid this text is a valuable adjunct for the instructor.

Medicine for Nurses by M. Toohey, M.D., M.R.C.P., D.C.H. 663 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto. 4th ed. 1959. Price $5.00.

Reviewed by Mrs. Shirley Biccum, clinical instructor, Grace Hospital, 200 Arlington St., Winnipeg.

The preface states the author's purpose: "I have tried to make it (the text) as comprehensive as possible so that it will not only help the nurse during her training but also serve as a reference book afterward." The author admits that he has not attempted to include nursing care. He feels that this is better learned by ward experience, and that it is included in other nursing books.

In this latest edition the text has been brought up-to-date and includes new treatments, tests and drugs, such as the use of radioactive isotopes. The author introduces the nurse to medicine with a short review of pathology, the effects of disease upon the body, and the general causes of disease.

The main part of the book discusses the major medical conditions arranged according to the body systems that they affect. Infectious diseases are included. The remainder contains shorter sections on many topics related to medicine. Drugs are discussed under the heading "Important Drugs," and are listed according to chemical and trade names and their uses. First aid measures are included in a chapter on "Coma and Poisoning."

Another chapter briefly points out facts that the nurse must keep in mind in doing her daily work. For example, such topics as "the pulse," "blood transfusions," and "the patient as an individual" are discussed. A chapter written by a British psychiatrist relates to psychological medicine. The nurse is introduced to the psychological development of the individual, and to some of the psychoneurotic disorders. The psychologic effects of illness are stressed.

This book contains excellent photographs, some of them in color. Many original sketches have been used to show simply but dramatically the important points. Many chapters are introduced by a review of the related anatomy and physiology. Detailed summaries follow the most important chapters, for example, "Diseases of the Circulatory System." Most chapters are also followed by outlines listing routine procedures, tests and drugs used in the diseases discussed. Review questions and suggested reference readings have not been included.

The lack of stress on nursing care places the emphasis of this book on disease conditions rather than on the care of the patient. For this reason its value as a classroom text is limited. However, its broad scope in other respects makes it valuable as a reference in a nursing library. It would also prove very useful as a ward library reference for both graduates and students.

WHO Technical Report Series No. 177, Social Psychiatry and Community Attitudes. 40 pages. World Health Organization, Palais des Nations, Geneva. 1959. Price 30 cents.

Reviewed by Miss Katherine MacLennan, director, nursing education, Riverside Hospital, Charlottetown, P.E.I.

This comprehensive report, of interest to the laity as well as professional workers in the health field, considers the role of social psychiatry in combatting mental illness and the way in which its application is affected by community attitudes.

Social psychiatry is defined and the function of the social psychiatrist is described.

The main bulk of the report considers community attitudes from such approaches as types, factors affecting them, reaction to different kinds of mental illness, attitudes to treatment facilities, and to various types of psychiatric treatment. Results of surveys and studies are explained. It is apparent that attitudes towards mental illness are improving, although more rapidly in some countries than in others. In the recommendations for action, broad principles are formulated to act as a guide in planning an effective campaign directed at changing community attitudes. The recommendations on research stress the importance of the use of proper methods.

This report is of particular interest to nurses because it acquaints them with existing attitudes toward mental illness and thus enables them to take their places with other potential educators in the field of mental health.

Some Like it Hot

One small aspect of hospital service seems to deteriorate in direct proportion to the size of the institution. The larger the hospital — the colder the tea!

A patient at the far end of the corridor on the umpteenth floor of a city hospital can be sure that when his tea arrives it will not burn his tongue. The diet kitchen is probably in a subterranean cavern half a mile from the furthermost patient — as the tray trolley travels. Even a special delivery service would not improve matters to any appreciable extent.

Today, with tea bags and electric kettles it should be feasible to pour boiling water into a teapot in the corridor a moment before carrying the tray to the patient. A nurse might take an extra few seconds to warm the teapot and the cup with hot water before serving — as any tea granny knows should be done.

Small hospitals do not have this problem to such a severe degree. But our hospitals are being increased in size year by year.

Durham Chronicle

* * *

The snail, which everywhere doth roam
Carrying his own home still, still is at home,
Follow (for he is easy paced) this snail,
Be thine own palace, or the world's thy jail.

— JOHN DONNE

* * *

Each is given a bag of tools,
A shapeless mass,
A book of rules;
And each must make,
Ere life is flown,
A stumbling-block
Or a stepping-stone.

— R. L. SHARPE

* * *

Man is the only animal that blushes. Or needs to.

— MARK TWAIN

The administration of intravenous solutions by nurses has been approved by the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Hospital Association and the Saskatchewan Registered Nurses' Association under the following conditions:

That intravenous infusions be considered a nursing procedure;

that the practice of this procedure by nurses be subject to the written approval of the Medical Board and the Board of Trustees of the individual hospital or agency;

that nurses be allowed to administer all intravenous solutions including blood and blood substitutes but excluding drugs;

that nurses be permitted to administer drugs into intravenous bottles only but not directly into the drip, tubing or vein;

that the medical staff of each hospital or agency prepare a written list of additives which can safely be introduced into the intravenous bottle by nurses;

that all students receive instruction and practice under supervision during the last six months in the school of nursing;

that nursing service administrators in hospital and other health agencies assume responsibility in providing adequate teaching and supervision of intravenous procedures to the graduate nurses under their supervision;

that each hospital or agency formulate a policy concerning the administration of intravenous solutions by private duty nurses.

News Bulletin, S.R.N.A.

* * *

If a person is taking chlorpromazine, he must be very careful about drinking alcoholic beverages — the former increases the physiological effects of the latter.

Health Bulletin, North Carolina State Board of Health.

* * *

The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality. — SPENCER

* * *

He that is of merry heart hath a continual feast. — PROVERBS

* * *

The Ovens are a series of strange caverns along the rugged shoreline at Cunard's Cove. One legend has it that an Indian paddled his canoe into one of the caverns at low tide and finally emerged on the other side of the peninsula at Annapolis Royal. No one really knows how deeply the caverns penetrate since the sea is generally rough at the entrance to them. *Off-Trail in Nova Scotia*

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— SOCRATES

* * *

If misery loves company, misery has company enough. — THOREAU

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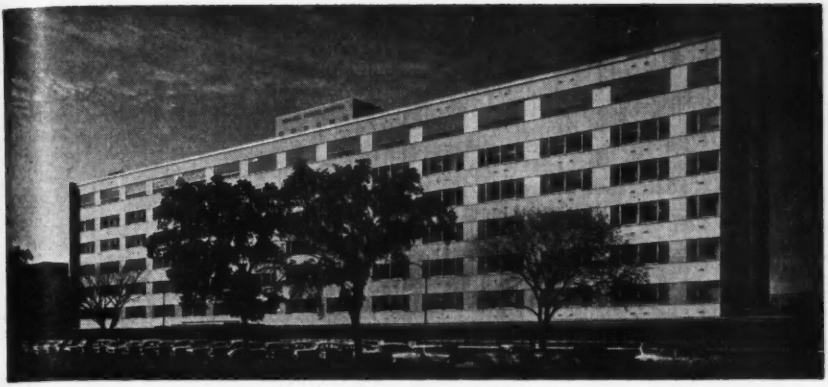

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General Duty Nurses for 50-bed hospital. Salary $270, 5-day wk., summer & winter sports area. Apply: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario.

General Duty Nurses for modern 100-bed hospital with building program just completed. Registered start at $260 monthly, Graduates at $225; 40-hr. wk., benefits include accident, sickness & life insurance, hospital & medical insurance plans, & O.H.A. Pension Plan. Opportunities for O.R. work. Busy hospital located near Point Pelee National Park, short drive from Detroit, Michigan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary $267 per mo. with recognition for P.G. courses, 40-hr. wk. effective January 1, 1960. Residence available, Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses for modern 42-bed hospital. Starting salary: new graduates, $275; 1 or more year's experience, $285. Annual increments; shift differential bonus; Ontario registration necessary for maximum salaries. 40-hr. wk. Residence accommodation available. Apply to: Nursing Supervisor, General Hospital, P.O. Box 909, Sioux Lookout, Ont.

General Duty Nurses for 100-bed modern hospital, south-western Ontario, 32-mi. from London. Salary commensurate with experience & ability; basic: $265, max.: $295. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses for new 35-bed active hospital. Salary $250 for Registered. Full particulars. Apply: Superintendent, Uxbridge Hospital, Uxbridge, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Graduate Nurses, Certified Nursing Assistants for General Duty for new 58-bed hospital. For information please write to: Superintendent, Prince Edward County Memorial Hospital, Picton, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $270 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

Public Health Nurses for a generalized program, rural & urban. Minimum salary $3,500 — allowance for experience. Car allowance, pension plan, shared hospital insurance & P.S.I. 1-mo. vacation. Apply to: Dr. G. Murray Fraser, Director, Brant County Health Unit, Brantford, Ontario.

Public Health Nurses (Qualified) generalized program Minimum salary $3,417; annual increment $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurses (qualified). Generalized program includes some bedside nursing. Salary $3,200-$4,250, annual increment $150, 5-day wk., car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Public Health Nurses (Kitchener Department of Health, September 1960). For further information write: Miss Olga Friesen, Department of Health, 9 Ahrens Street East, Kitchener, Ontario.

Public Health Nurses (qualified) for generalized program in Etobicoke Township (suburb of Toronto). Minimum salary $3,750; starting salary based on experience. Car allowance $670 per annum. 4-wk. vacation after 1-yr., pension plan, P.S.I. & Blue Cross benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Road, Etobicoke, Ontario.

Public Health Nurses (Qualified) for generalized program, urban & rural. Salary $3,500-$4,250; annual increment $150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Medical Officer of Health. Halton County Health Unit, Milton, Ontario.

Public Health Nurses (Qualified) required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses qualified for a generalized program in the City of Oshawa. Salary range $3,500 - $4,370; annual increment $175; starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Oshawa, Ontario.

Public Health Nurse for September 1960 (Preston Board of Health). For further information write: Mrs. Bertha M. Young, Health Centre, 566 Duke Street, Preston, Ontario.

Public Health Nurses for generalized nursing program. Salary range $3,500-$4,400, annual increment $150, salary based on experience. 5-day wk., vacation 4-wks., pension plan & P.S.I. available. Car allowance or transportation provided. Apply to: Director, St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Public Health Nurse for generalized service in urban area. Personnel policies on request. Apply: Dr. J. E. Gimby, MOH. 235 Wellington Street West, Sault Ste. Marie, Ontario.

Public Health Nurses for generalized public health nursing service; maternal & child health, tuberculosis, school health etc. Salary $3,500-$4,500 annually; annual increment $200. Hospital plan, P.S.I., pension plan, sick leave - 1½ days monthly, accumulative. Vacation - 4-wk. yearly. Transportation provided or allowance for use of private car. Uniform allowance - Initial $200, yearly $75. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario.

Public Health Nurses (2) Bilingual for generalized public health nursing service; maternal & child health, tuberculosis, school health etc. Salary $3,500 - $4,500 annually; annual increment $200. Hospital plan, P.S.I., pension plan, sick leave- 1½-days monthly, accumulative. Vacation - 4-wk. yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Toronto Branch). Minimum salary $3,600, consideration given to past experience. Annual increments, 5-day wk., 4-wk. vacation. $100 uniform allowance. P.S.I. & Supplementary Blue Cross available, pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto 2, Ontario. WA. 1-3184

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, Ear, Eye, Nose & Throat & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Nurses (Bilingual) having a public health certificate for a Health Unit in rural Ontario. Minimum salary $3,300, 5-day wk., cars available or allowance for own car. Cumulative sick leave. For further information write to: Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

QUEBEC

Assistant Head Nurses: excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Director of Nursing for modern non-profit, J.C.A.H. Accredited 125-bed General Hospital. Downriver area, Detroit, Michigan. $8,000 - $10,000 yearly, depending on qualifications. Liberal personnel policies, unusual opportunity. Approved residency program; staff, board certified specialists. Progressive expanding organization. Emphasis on postgraduate education. Experience in Nursing Service, Supervision & Administration preferred; Master's or Bachelor's Degree required. Forward complete details to Box K, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Registered General Duty Nurses for 28-bed General Hospital, 45-mi. from centre of Montreal with excellent bus service. Gross salary $250 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $265; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays: 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses & Trained Nursing Assistants for hospital specializing in Chest Diseases (in the Montreal area). Excellent personnel policies, working conditions, and accommodation in the Nurses' Home. Apply to: Box 1000, Ste Agathe des Monts, Que.

SASKATCHEWAN

Matron & General Duty Registered Nurse (1) immediately for 22-bed modern hospital, close to lake, good fishing & golfing. Salary; Matron $350; Registered Nurse $280 per mo., 40-hr. wk., 4-wk. vacation with pay, modern residence, board & room $30 per mo., if desired. Apply to: Secretary Manager, Brock Union Hospital, Arcola, Saskatchewan.

Registered Nurses for Fort Qu'Appelle Sanatorium. Initial salary: $280 per mo. with semi-annual increments. Recognition for experience. 40-hr. wk., 4-wk. paid annual vacation, 10 statutory days. Sick benefits & superannuation plans in effect. Room, board & laundry $37.50 per mo. Apply: Superintendent of Nurses, Fort San, Saskatchewan.

Registered Nurses immediately (2) for 50-bed hospital. Salary $275 per mo., 40-hr. wk., no split shifts. $10 extra for night shift, comfortable residence. Good location with excellent bus & rail service. Apply to: Matron, Union Hospital, Rosetown, Saskatchewan.

U.S.A.

Supervisory or Staff Position; according to your qualifications. (Come to Sunny California). This 500-bed accredited teaching hospital offers unusual opportunities for growth. Excellent starting salary & increment program. Holidays — sick leave — vacations & Group Insurance. We feel sure we will be able to place you, we know you will like being associated with this modern progressive hospital that is located in the heart of the greater Los Angeles metropolitan area. Apply: Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn., O.B., pediatrics & medicine. **Staff Nurses** entrance salary $345 with range to $385 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 440-bed modern, progressive hospital. Starting salary $355 per mo. $25 P.M. & night differential. $25 additional for surgery. Tenure salary increases. Liberal vacation plan. 7 pd. holidays, 40-hr. wk. Social security, hospitalization insurance & retirement program. Write: Personnel Office, Sutter Community Hospitals, 2820-L Street, Sacramento, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered General Duty Nurses (2) for small General Hospital. Salary $375 per month. For information write: Box 336, Dos Palos, California or phone Express 2-3266 collect.

General Duty Nurses for large teaching hospital in central California. In-service educational program, college community, good fringe benefits. Salary range $341-$413. Apply: Personnel Director, 732 East Main St., Stockton 2, California.

General Duty Nurses — J.C.A.H. accredited 99-bed hospital midway between Los Angeles & San Francisco. Salary depends upon experience & qualifications. Rooms available in modern nurses' residence $10 per mo., 40-hr. wk., 15 days vacation, liberal sick leave, 12 holidays. Social Security benefits. Write: Superintendent of General Hospital, Tulare, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2 California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per month:- Day duty $404 - $423; P.M. & Night Duty $414 - $434; 40-hr. wk., excellent personnel policies. Registration or permit to work in California required. Address applications to: The Chief Nurse, Southern Pacific Hospital, San Francisco 17, California.

Operating Room Nurses: Salary $340 - $385 upon registration plus $33 shift differential. Time & a half (½) for weekends & holidays. Employee's Health & pension Plans, nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

SUNNYBROOK HOSPITAL, TORONTO
DEER LODGE HOSPITAL, WINNIPEG
QUEEN MARY VETERANS HOSPITAL, MONTREAL
WESTMINSTER HOSPITAL, LONDON
LANCASTER HOSPITAL, SAINT JOHN, N.B.
STE. ANNE DE BELLEVUE VETERANS HOSPITAL, P.Q.
SHAUGHNESSY HOSPITAL, VANCOUVER, B.C.

Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; 5 day week; low cost living in staff residence — for Nurses. Application forms are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists —

ONTARIO — 25 St. Clair Ave. East, Toronto.
MANITOBA — 266 Graham Ave., Winnipeg
NEW BRUNSWICK — Post Office Bldg., Canterbury St., Saint John, N.B.
QUEBEC — 685 Cathcart St., Montreal
BRITISH COLUMBIA — 1110 Georgia St. West, Vancouver, B.C.

SOUTH PEEL HOSPITAL
COOKSVILLE, ONTARIO
(12 miles west of Toronto)

120-bed General Hospital, Opened May, 1958.

I. Evening Supervisor

II. Head Nurse with experience for Nursery (34-bassinettes)

Generous benefits, 40-hour work week.

For further particulars, apply:

DIRECTOR OF NURSING,
SOUTH PEEL HOSPITAL,
COOKSVILLE, ONTARIO.

REGISTERED NURSES

required for the

GENERAL STAFF

of the

OPERATING ROOM

Salary range $270 - $305

commensurate with experience and qualifications.

Apply

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

REGISTERED NURSES

Small hospital in company operated town has vacancies for General Duty Nurses.

Ontario registration required.

Accommodation available in nurses' residence, community organized recreation, welfare benefits.

Salary range $306 - $397 monthly.

Apply to: Matron

SMOOTH ROCK FALLS HOSPITAL,
SMOOTH ROCK FALLS, ONTARIO

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 426-bed non-sectarian General Hospital affiliated with Medical School. Monthly salary rates: $370-$400 days; & $400-$430 afternoon & nights, 40-hr. wk., comfortable, low cost living accommodations in residence. Write to: Director of Nursing Service, Dept. C.J.N., Mount Sinai Medical Center, 2750 West 15th. Place, Chicago 8, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Nurses in obstetrics, pediatrics, medicine & surgical nursing. We invite inquiries from all Canadian Nurses considering employment in the United States. For full particulars, write: Director of Nursing Service, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 7, Indiana.

Registered Nurses (Staff Nurse positions available). Starting salary $300 - $450 per mo., liberal vacation, low cost hospitalization plan, group life insurance, sick leave & other benefits. Opportunity to gain clinical experience in psychiatric nursing; orientation, in-service training & other learning experiences offered during the year. Apply: Director of Nursing Service, The C. F. Menninger Memorial Hospital, Box 829, Topeka, Kansas.

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses for 278-bed fully accredited hospital with all services, incl. Starting salary $350-$375 per mo., ICU Retirement Plan, paid insurance, & other fringe benefits. Write: Personnel Director, Washoe Medical Center, Reno, Nevada.

Graduate Staff & Operating Room Nurses for 225-bed General Hospital, near New York City. Apply: Director of Nursing, St. John's Riverside Hospital, Yonkers, New York.

Operating Room Supervisor for 88-bed modern JCAH General Hospital. Minimum salary $335 based on qualifications, $40 call pay. Liberal personnel policies. College town 30,000, 85% sunshine belt, dry mild all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses: Transportation Paid via 1st class air to Albuquerque & return in exchange for 1-yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state - General Hospital, sanatorium & geriatric units, building program, in-service education. Vacancies for staff duty, no rotation of shift, salary $300/mo. to start, $15 differential for evenings & nights. Write or call: Mrs. Emily J. Tuttle, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone Chapel 3-5611.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: $339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland I, Oregon.

Staff Nurses (Intensive Care Unit) for real bedside nursing. Take advantage of this excellent opportunity to gain experience in the newest media of patient care. You will be trained at full salary to serve in St. Paul Hospital's second Intensive Care Unit. Openings for all shifts, excellent employee benefits. Inquire: Personnel Department, St. Paul Hospital, Dallas, Texas.

NOTRE DAME HOSPITAL OF MONTREAL

NURSES NEEDED

Salary, according to qualifications: $57.00 - $90.00 per week.
Evening differential: $7.00 per week. — Night differential: $5.00 per week.
Increases: After 6 months, 1 year, 2 years. Pension Fund.
Free: Two meals daily — Laundering of uniforms.
Statutory holidays - 2; Paid sick time - 2 weeks (after 1 year)
Paid vacation: 3 weeks after 1 year.
Opportunities for promotion — Inservice education program.

For further information, write to:

LA DIRECTRICE DU NURSING — HOPITAL NOTRE-DAME — MONTREAL

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

INSTRUCTOR IN FUNDAMENTALS OF NURSING

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of two years of nursing education followed by one year internship. One class of 30 students is admitted yearly. Duties include: Clinical and classroom instruction in fundamentals of comprehensive patient care; integration of Introductory Pharmacology (solutions and dosage); instruction in an integrated course of Medical-Surgical Nursing.

Requirements: University preparation in Nursing Education.
Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING,
2240 KILDARE ROAD, WINDSOR, ONTARIO.

CLASSROOM & CLINICAL INSTRUCTORS
GENERAL STAFF NURSES

required

The General Hospital of Port Arthur

Salary schedule in conformity with R.N.A.O. recommendations.
Partial fare refund after 1 yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR, PORT ARTHUR, ONTARIO.

REGISTERED NURSES
NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

CERTIFICATED PUBLIC HEALTH NURSE

with midwifery training and at least 5 years experience for Community Development at University College in Basutoland, part of which deals with Social Welfare.

For particulars and conditions of service, address applications to:

REVEREND FATHER GUILBEAULT, O.M.I., MATTAWA, ONTARIO.

Staff Nurses (All Services) for air-conditioned teaching hospital. Base salary — rotation: $292 per mo.; evenings or night: $305 per mo. Good personnel policies. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

BRITISH COLUMBIA

Registered Nurse for new 26-bed hospital in the Fraser Canyon 100-mi. east of Vancouver, B.C. Basic salary $285 — shift differential, 40-hr. wk., 1-mo. annual vacation. Accommodation available in a new nurses' residence. Apply: Director of Nurses, Fraser Canyon Hospital, **Hope,** British Columbia.

SASKATCHEWAN

General Duty Nurse (1) for 25-bed hospital in a progressive area. New hospital of 34-beds is being planned. Salary range $290-$320 per mo. gross. 40-hr. wk. 3-wk. annual vacation, accumulative sick leave, new nurses' residence. Apply to: The Secretary Manager, Leader Union Hospital, Leader, Saskatchewan.

ONTARIO

Clinical (Teaching) Supervisor for Operating Room; postgraduate study essential; previous teaching experience desirable; duties to include staff orientation & in-service education; an interesting position for a progressive person; attractive personnel policies; salary in accordance with preparation & experience. Apply: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.

Head Nurse for Newborn Nursery in modern department; postgraduate experience desirable, but previous experience would be considered. Attractive personnel policies. Salary in accordance with qualifications. Apply: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.

Registered Nurses & Certified Nursing Assistants needed to open new 165-bed wing in a 350-bed General Hospital located in suburban Toronto. Good salary, personnel policies include 5-day work wk., 8 statutory holidays. R.N. vacation after 1-yr. - 3-wks. Cert. N.A. - 2-wks. Living-in accommodation. Apply to: Director of Nursing, General Hospital, Scarborough, Ontario.

Public Health Nurses for generalized Public Health Nursing Service, hospital plan, hospital P.S.I., pension plan, sick leave accumulative at the rate of 1½-days monthly, vacation 4-wks. a year, allowance for use of own car. Salary ceiling at present $4,300, initial salary dependent on experience. Apply to: Dr. J. R. Mayers, M.O.H & Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario.

General Duty Nurse & Certified Nursing Assistants for 100-bed General Hospital attractive town in vacation resort area on Lake Huron. Good personnel policies, residence accommodation available. Apply to: Director of Nursing, Alexandra Marine & General Hospital, Goderich, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

QUEBEC

Registered Nurses needed for General Duty. Good personnel policies, including salary. Rotation. Hôpital de la Providence, Chandler, Cte. Gaspe, Quebec.

Registered Nurses (Immediately) for Operating Room & General Duty. Excellent working conditions. Write to: The Employment Office: **Hôpital Ste. Justine,** Chemin Ste-Catherine, Montreal, RE 1-4931, local 209.

Registered Nurses for General Duty at company hospital in Temiskaming, Quebec. Salary scale in effect providing generous periodic increases, based on merit & service. 40-hr. wk., 4-wk. annual paid vacation. Attractive community life with variety of winter & summer recreational activities. Bus & rail connections to all major points. Apply in writing to: Mrs. M. Walden, Canadian International Paper Company, Room 942, Sun Life Building, Montreal, Quebec.

REGISTERED NURSE

(PUBLIC HEALTH TRAINING)

An opening at the Bluebell Mine of The Consolidated Mining and Smelting Company of Canada Limited, situated on beautiful Kootenay Lake at Riondel, near Nelson, B.C.

Duties include nursing services for employees, their families and the community, acting as intermediary between patients and non-resident doctors. Home visits to sick or injured. Arranging for and assisting doctor in weekly clinics. Cooperate with First Aid Group, providing nursing service to accident cases on property. Other related duties. Emergency hospital at property.

Accommodation available with modern conveniences.

Starting salary: $365 per month.

Apply Supervisor, Staff and Training Department, Personnel Division

THE CONSOLIDATED MINING AND SMELTING COMPANY OF CANADA LIMITED, TRAIL, B.C.

2 INSTRUCTORS

Certificate
in Nursing Education required

One to teach basic Science

Student enrollment 70 - 80

One class per year registers in September

Well equipped modern School & Residence

ASSISTANT DIRECTOR NURSING SERVICE

Evening or Night Period

Previous supervisory experience required. Certificate in Nursing Service Administration desirable.

200-bed hospital - fully accredited. Pleasant city 38,000 close to larger centres. Good salary & personnel policies. Additional salary for advanced preparation above positions.

For further details apply to:

THE DIRECTOR OF NURSING GENERAL HOSPITAL GUELPH, ONTARIO

VICTORIA HOSPITAL
LONDON, ONTARIO

Modern 900-bed hospital

requires

Registered Nurses for all services

and

Certified Nursing Assistants

40 hour week - pension plan - good salaries and personnel policies.

Apply:

DIRECTOR OF NURSING VICTORIA HOSPITAL LONDON, ONTARIO.

STAFF NURSES

430-bed General Hospital, JCHA accreditated. All clinical areas. Salary $320. to $400. per month days; $340. to $420. per month evenings and nights; automatic annual increases; credit given for previous experience. 40-hour, 5-day week; paid overtime, holidays, vacation and sick leave. Excellent opportunities for promotion. Active orientation and in-service education program. Living quarters available if desired.

Write to: Director of Nursing,

THE CHARLES T. MILLER HOSPITAL, ST. PAUL 2, MINNESOTA

THE OTTAWA CIVIC HOSPITAL

WITH

A capacity of 1200 beds including
A new modern 300 bed unit

OFFERS

An interesting variety of experiences
Good personnel policies
Salary allowance for experience and postgraduate courses.

Apply:

DIRECTOR OF NURSING,
OTTAWA CIVIC HOSPITAL,
OTTAWA, ONTARIO.

SCIENCE INSTRUCTOR

REQUIRED FOR

Approved School of Nursing with new
125-bed Residence & School
Accredited Hospital — 300-beds
on or before August 1st.

Apply: Director of Nursing,

ST. THOMAS-ELGIN GENERAL HOSPITAL,
ST. THOMAS, ONTARIO.

PUBLIC GENERAL HOSPITAL
CHATHAM, ONTARIO

requires an

INSTRUCTOR

for

NURSING SCHOOL IN
A 300-BED HOSPITAL

For further information apply to:

DIRECTOR OF NURSING,
PUBLIC GENERAL HOSPITAL,
CHATHAM, ONTARIO.

INSTRUCTORS

required for

school of 75 students
in modern 157-bed hospital
with expansion program.

40-hr. week, good personnel policies.

APPLY TO:

DIRECTOR OF NURSING EDUCATION,
LORRAIN SCHOOL OF NURSING,
PEMBROKE, ONTARIO.

PUBLIC HEALTH NURSE

REQUIRED FOR

a rural urban district in a northwestern Ontario Health Unit. Nurse will live in a city of 45,000 population. Hospital plan, P.S.I., Pension Plan, sick leave 1½ days monthly, 4 weeks vacation, generous car allowance. Salary commensurate with experience.

Apply to:

DR. W. C. MacPHERSON, DIRECTOR
PORT ARTHUR & DISTRICT HEALTH UNIT
93 BALSAM ST., PORT ARTHUR, ONTARIO

OPERATING ROOM SUPERVISOR

A qualified Operating Room Supervisor wanted for 82-bed accredited hospital. Salary $315-$355 per mo., 40-hr. wk. and 21-annual holidays after 1-yr. of service (plus statutory holidays). Living accommodation in a separate nurses' residence (and laundry of uniforms) for only $12 per month.

We will refund cost of railway fare to Canora, after 6-mo. service.

Apply to:

SUPERINTENDENT OF NURSING
CANORA UNION HOSPITAL
CANORA, SASKATCHEWAN

INSTRUCTORS

for

Clinical and classroom teaching
Ultra modern school and hospital
buildings. Good personnel policies.

Apply: Director of Nursing,

THE GREATER NIAGARA
GENERAL HOSPITAL,
NIAGARA FALLS, ONTARIO.

PUBLIC HEALTH NURSES

for

generalized program

in

Seaway Development Area
usual benefits, pension plan,
allowance for experience

apply to:

DR. PAUL S. deGROSBOIS, M.O.H.
HEALTH UNIT,
26 PITT STREET, CORNWALL, ONTARIO.

DIETITIANS REQUIRED

Applications are invited from qualified dietitians, with membership in Canadian Dietetic Association for the posts of Chief Dietitian and two assistant dietitians, at the General Hospital, St. John's Newfoundland.

This is a 456-bed acute General Hospital which has recently enlarged its dietary dept. and cafeteria.

Transportation will be provided to Newfoundland for the successful applicants. Interested parties are invited to write, giving full details and salary expected, to:—

THE SUPERINTENDENT,
THE GENERAL HOSPITAL,
ST. JOHN'S, NEWFOUNDLAND.

MEDICAL RECORD LIBRARIANS

Applications are invited from Registered Medical Record Librarians for the position of Chief Medical Records Librarian, General Hospital, St. John's.

This is a 456-bed acute General Hospital with Orthopedic and Infectious Diseases Divisions, but without an Obstetrical Service.

Transportation to Newfoundland will be provided for the successful applicant. Interested parties should write giving full details and salary expected to:—

THE SUPERINTENDENT,
THE GENERAL HOSPITAL,
ST. JOHN'S, NEWFOUNDLAND.

INSTRUCTORS

Required for

City Hospital, Saskatoon, Sask., (350-beds)

A nursing arts instructor and a clinical instructor in obstetrical nursing. Salary commensurate with preparation and experience. Liberal vacation with pay, cumulative sick leave, superannuation plan. Apply Director of Nursing.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies.
APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO

WOODSTOCK GENERAL HOSPITAL

INVITES APPLICATION

for the following positions:

(1) Head Nurse, surgical unit

(2) Head Nurse, medical unit
2 General Staff Nurses for:
(a) Emergency department
(b) Operating room

For further information write:

THE DIRECTOR OF NURSING,
GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH
B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY $346-$405 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, write to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, Victoria, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria, B.C.

COMPETITION NO. 60:213

GENERAL DUTY NURSES

for 82-bed fully accredited General Hospital. Salary $275 - $315, 40-hour week, no split shifts. Living accommodation in modern nurses' residence and uniforms laundered for $8.00 - $12.00 per month.

Will refund cost of railway fare to Canora, after 6-mo. service.

Apply to:
Superintendent of Nursing,
CANORA UNION HOSPITAL,
CANORA, SASKATCHEWAN.

NURSES

REQUIRED AT

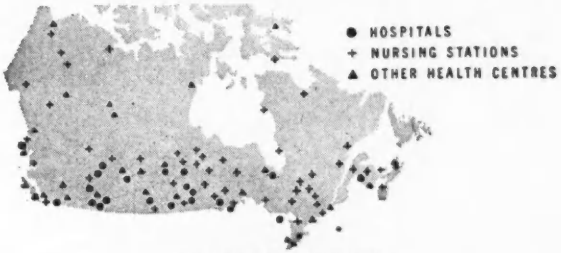
ROSEWAY, HOSPITAL
SHELBURNE, N.S.

Superintendent of Nurses - $4,200 - $4,950
Nursing Supervisor - - - $3,240 - $3,750
Operating Room Nurse - - $3,120 - $3,600
Staff Nurses - - - - - $2,880 - $3,360

Full Civil Service benefits.

APPLY TO:
NOVA SCOTIA CIVIL SERVICE COMMISSION
P.O. BOX 943, HALIFAX, NOVA SCOTIA

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic, Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,460 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $5,400 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $4,050 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,750 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

• Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

• Special pay and leave allowances for those posted to isolated areas.

For interesting challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec, 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.